

Name
in
Full

Ernest Augustus Baker

CERTIFICATE OF DEATH

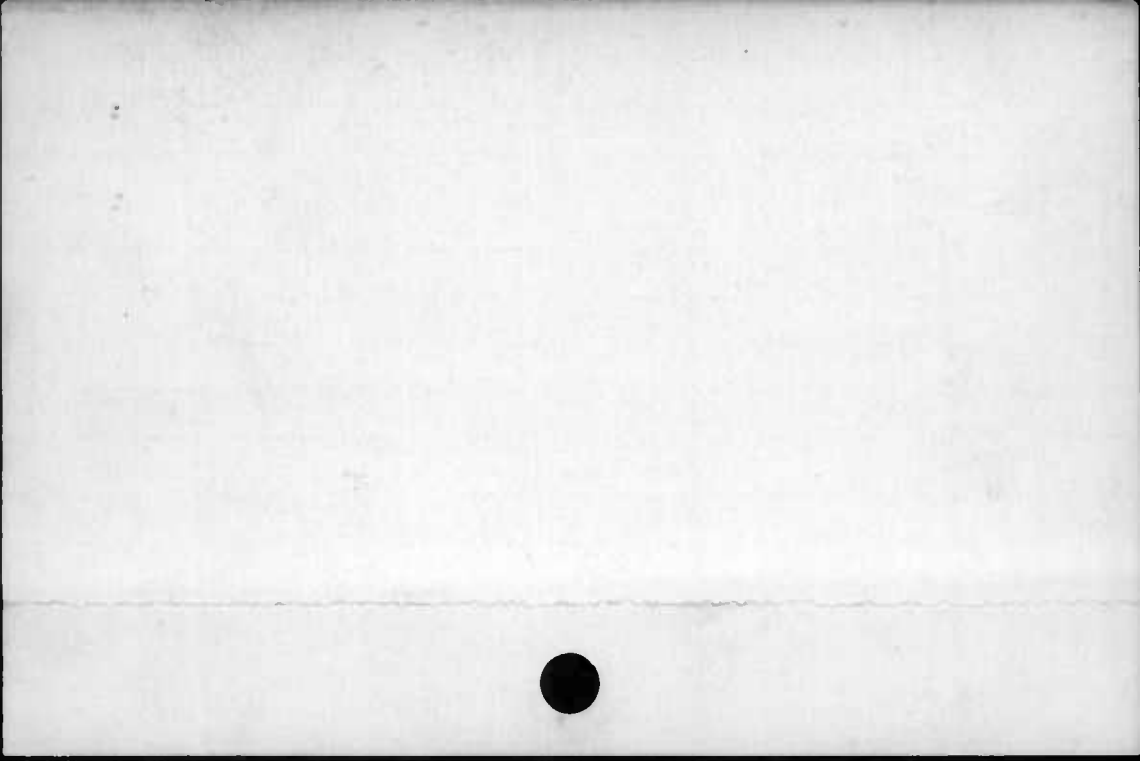
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Armiger P.O.</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	Month <i>Dec.</i>	Day <i>18</i>	Age <i>14</i>	Years <i>5</i>	Months <i>5</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>A.A. Co - Md</i>		
Occupation <i>School boy</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Joseph H. Baker</i>	Father's Birthplace <i>A.A. Co - Md</i>		Mother's Birthplace <i>A.A. Co - Md</i>		
Mother's Maiden Name <i>Martha Smith</i>	Name of person giving information <i>Joseph H. Baker</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fecal Impaction</i>	How long <i>One week</i>
Immediate <i>General Peritonitis</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James P. Billingsley M.D.</i>
	Address <i>Armiger Md</i>
Accident or Suicide?	



Name
in
Full

Ritty Ann Chambers

CERTIFICATE OF DEATH

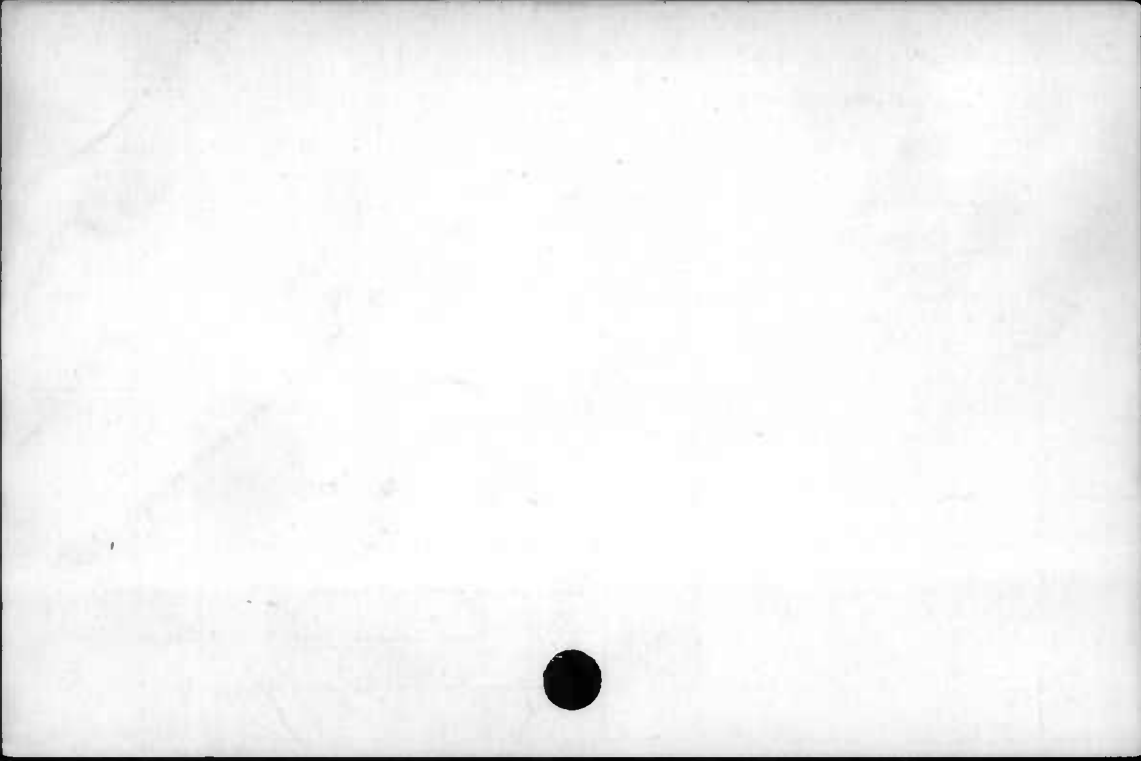
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Date of death		Month	Day	Age	Years	Months	Days
1906		Dec	25th	81 yrs			
Sex	Female	Color or Race	Colored	Birth-place	Atbo		
Occupation	Religious Cook	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband	James Chambers				
Father's Name	John Jackson				Father's Birthplace	Atbo	
Mother's Maiden Name	Sophie Jackson				Mother's Birthplace	Atbo	
Name of person giving information	Son				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility	How long	154 Months
Immediate	Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John Ridout M.D.
		Address	Annapolis Md
Accident or Suicide?			



Name
In
Full

William Davis Allen Chambers 12/1/I

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>annapolis</u> ^{Town}		<u>A A County</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>Dec</u> ^{Month}	<u>21</u> ^{Day}	<u>30</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Male</u>		Color or Race <u>Col</u>		Birth-place <u> </u>	
Occupation <u>Labor</u>		Where Residing if not at place of death <u>A A County</u>			
<u>Married</u> ^{Single} or Widowed		<u> </u> ^{Name of Wife or Husband}			
Father's Name <u> </u>		Father's Birthplace <u> </u>			
Mother's Maiden Name <u> </u>		Mother's Birthplace <u> </u>			
Name of person giving information <u>John H Davis</u>		How related to deceased <u>Coroner</u>			

CAUSES OF DEATH

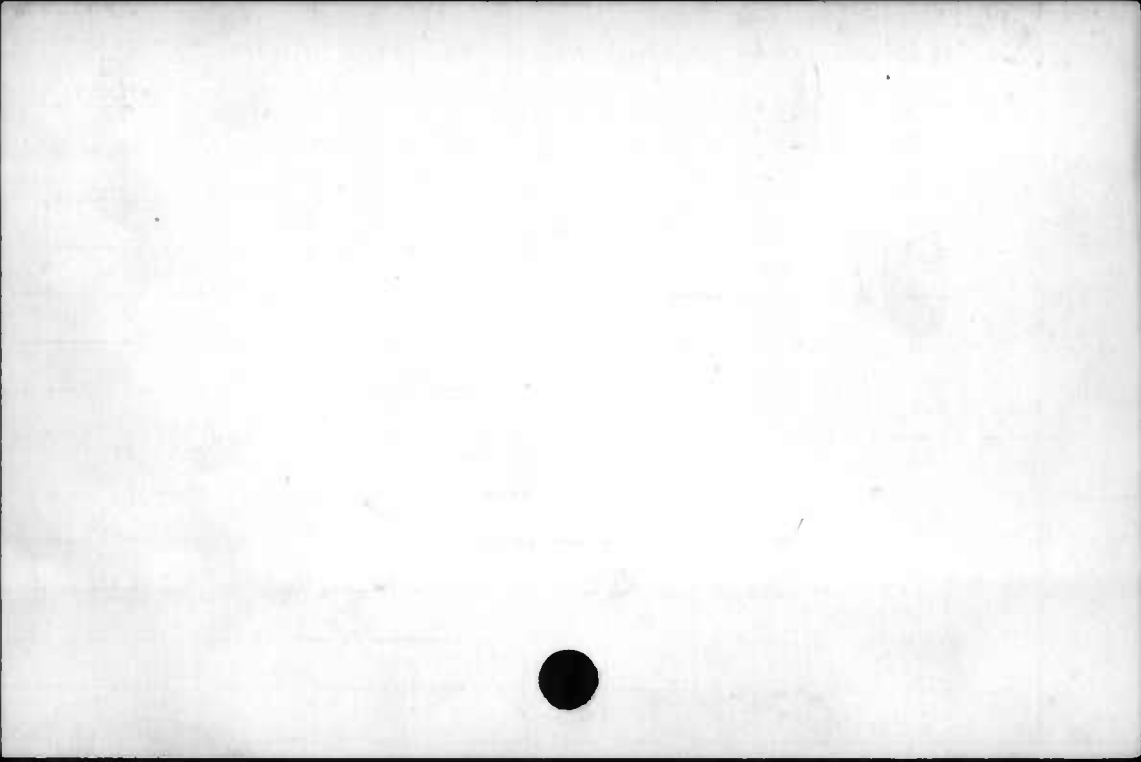
Primary <u>Gun shot wound</u>	<u>166</u> ^{How long}
Immediate	<u> </u> ^{How long}

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide? no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charles Chase*

Died at *Annapolis* Town *Anne Arundel* County *MARYLAND*

Date of death *1906 Dec 20* Month *Dec* Day *20* Age *5-2* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Annapolis*

Occupation *Messenger* Where Residing if not at place of death *71 St. Michael's*

Married, Single or Widowed *Married* Name of Wife or Husband *Rosetta Chase*

Father's Name *Louis Chase* Father's Birthplace *South Bend*

Mother's Maiden Name *Josephine Chase* Mother's Birthplace *Alto*

Name of person giving information *Rosetta Chase* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Tubular Nephritis* How long *7 months*

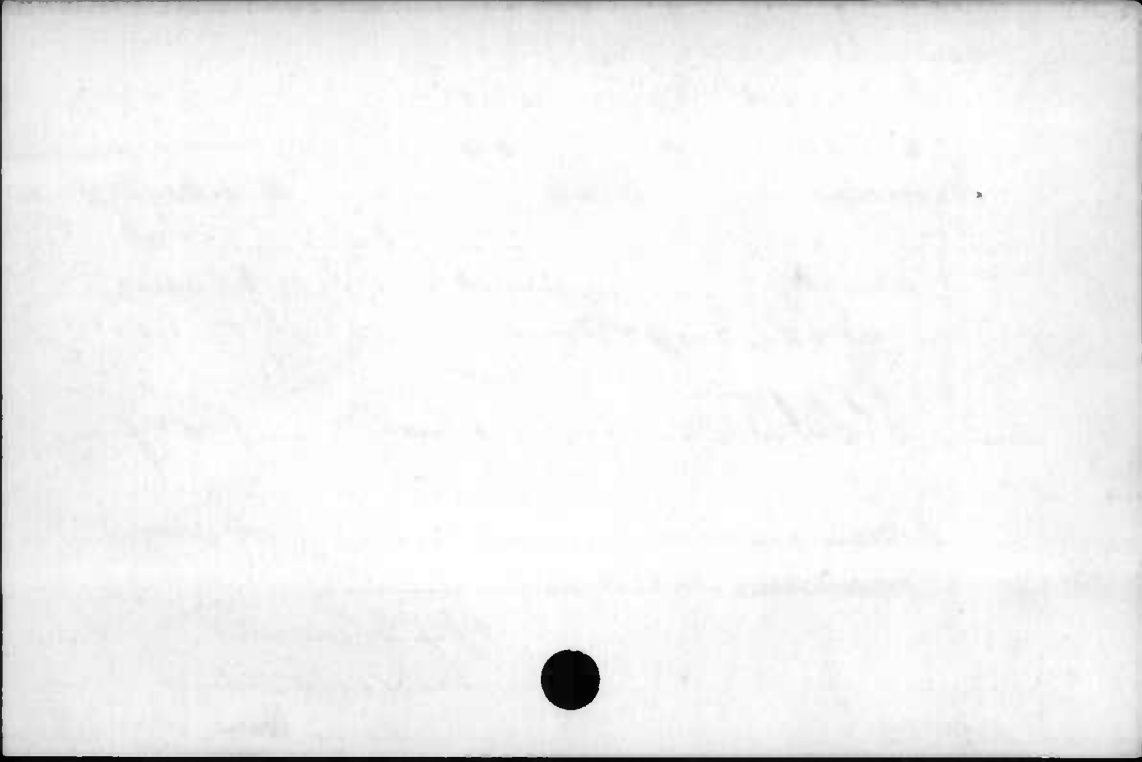
Immediate *Heart Failure* How long *12 hrs*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *R. P. Keen*

Address *60 Catherine St
Annapolis Md*

Accident or Suicide?



Name
In
Full

William Colbert?

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Margrets</i> ^{Town}		<i>a. a.</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>Dec-</i> ^{Day} <i>28-</i> ^{Years} <i>21.</i>		Age <i>21.</i>		Months <i>-</i>	Days <i>-</i>
Sex <i>Male.</i>	Color or Race <i>Colord</i>	Birth-place <i>St. Margrets</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>St. Margrets</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Thomas Colbert</i>	Father's Birthplace <i>St Margrets</i>				
Mother's Maiden Name <i>Elizabeth Hansen</i>	Mother's Birthplace <i>a. a. bo ind.</i>				
Name of person giving information <i>Feather?</i>			How related to deceased <i>-</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Congestion</i>	How long <i>95</i>
Immediate <i>Convulsion</i>	How long <i>20 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. D. Bidout</i>
	Address <i>St. Margrets</i>
Accident or Suicide?	



Name
in
Full

Martha Covey or Tricher

CERTIFICATE OF DEATH

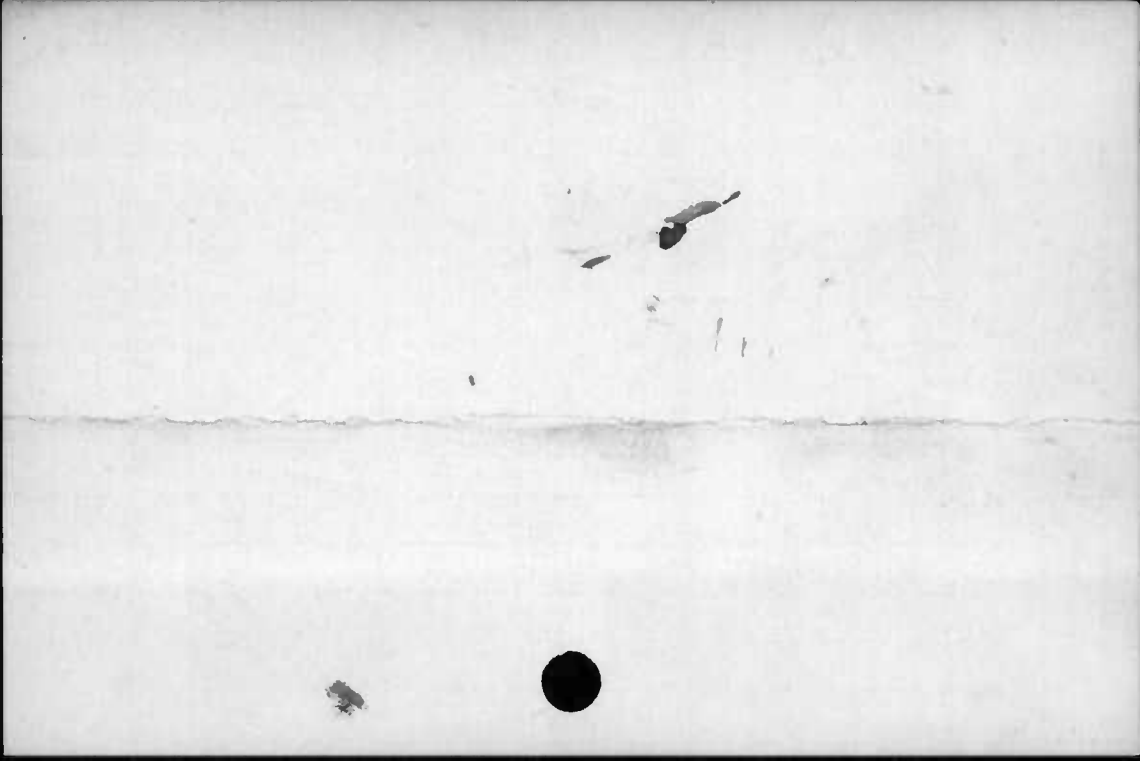
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Benfield</u> ^{Town}		<u>a. a.</u> ^{County}		MARYLAND	
Date of death <u>1904</u>	Month <u>12</u>	Day <u>3</u>	Years <u>66</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>a. a. Co. Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>James Covey or Tricher</u>				
Father's Name <u>Stallings</u>	Father's Birthplace <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>-</u>	How related to deceased <u>None</u>		Name of person giving information <u>B. T. Williams</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>4 days</u>
Immediate <u>Shock - Collapse</u>	How long <u>93</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. B. Gault</u>
	Address <u>Millersville</u>
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

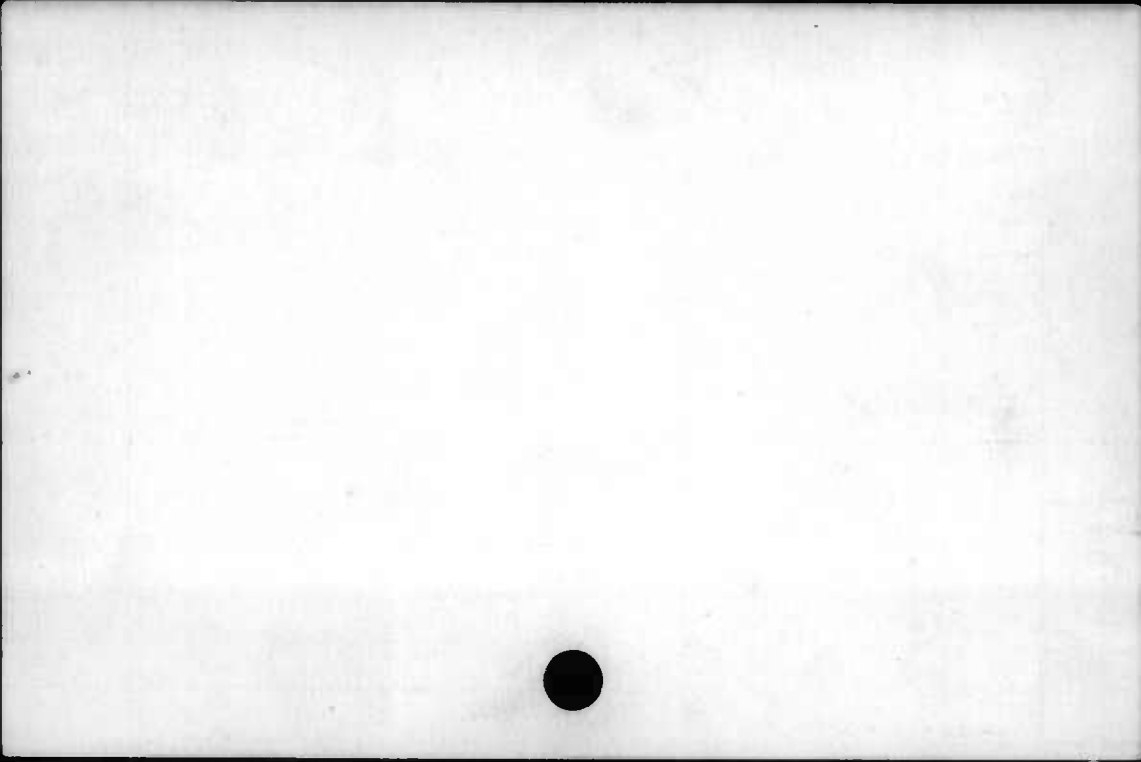
TO BE ANSWERED BY
NEAREST FRIEND

James Gilmore Cummings		Town		County		MARYLAND	
Died at Annapolis		Month		Day		Years	
Date of death 1906 Dec. 18		Age		Months		Days	
Sex Male		Color or Race		Collard		Birth-place Annapolis	
Occupation		Where Residing if not at place of death		55 - Washington			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name James H. Cummings		Father's Birthplace		Baltimore			
Mother's Maiden Name Mattie Anderson		Mother's Birthplace		South River			
Name of person giving information		Mather		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pertussis	How long	15 days
Immediate	Convulsions	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. D. Keen
		Address	60 Cathedral St. Annapolis, Md.
Accident or Suicide?			



Name
in
Full

Christianne Curry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Marley P. O.</i>		County <i>Anne arundel</i>		MARYLAND	
Date of death		1906	Month <i>Dec.</i>	Day <i>18</i>	Age <i>about 70</i>	Years	Months
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>A.A. Co.</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Robert Curry</i>					
Father's Name <i>Nathan Owens</i>		Father's Birthplace <i>A.A. Co.</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace					
Name of person giving information <i>Mal. Curry</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Arterio-sclerosis</i>	How long	<i>One year</i>
Immediate	<i>Hemorrhage in the brain</i>	How long	<i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James S. Billingsley M.D.</i>	
		Address <i>Armiger. Md.</i>	
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

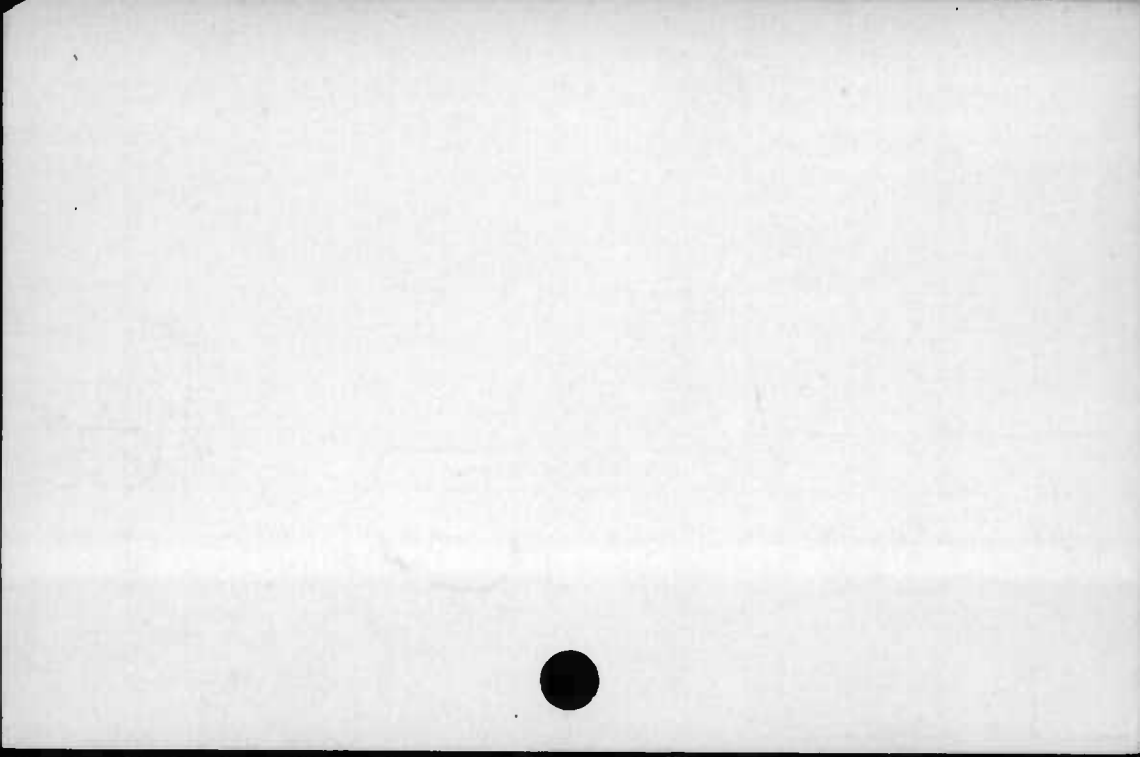
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McKendree</i>		Town <i>June</i>		County <i>Franklin</i>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Dec.</i>	Day	<i>9</i>	Age	<i>77</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>A. A. Co. Ind.</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Richard L. Estep</i>			
Father's Name	<i>Thomas J. Hall</i>				Father's Birthplace	<i>Ind.</i>	
Mother's Maiden Name	<i>Rachael Waters</i>				Mother's Birthplace	<i>Ind.</i>	
Name of person giving information	<i>Richard L. Estep Jr.</i>				How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>5 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. H. Perrie</i>
		Address	<i>McKendree, Ind.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

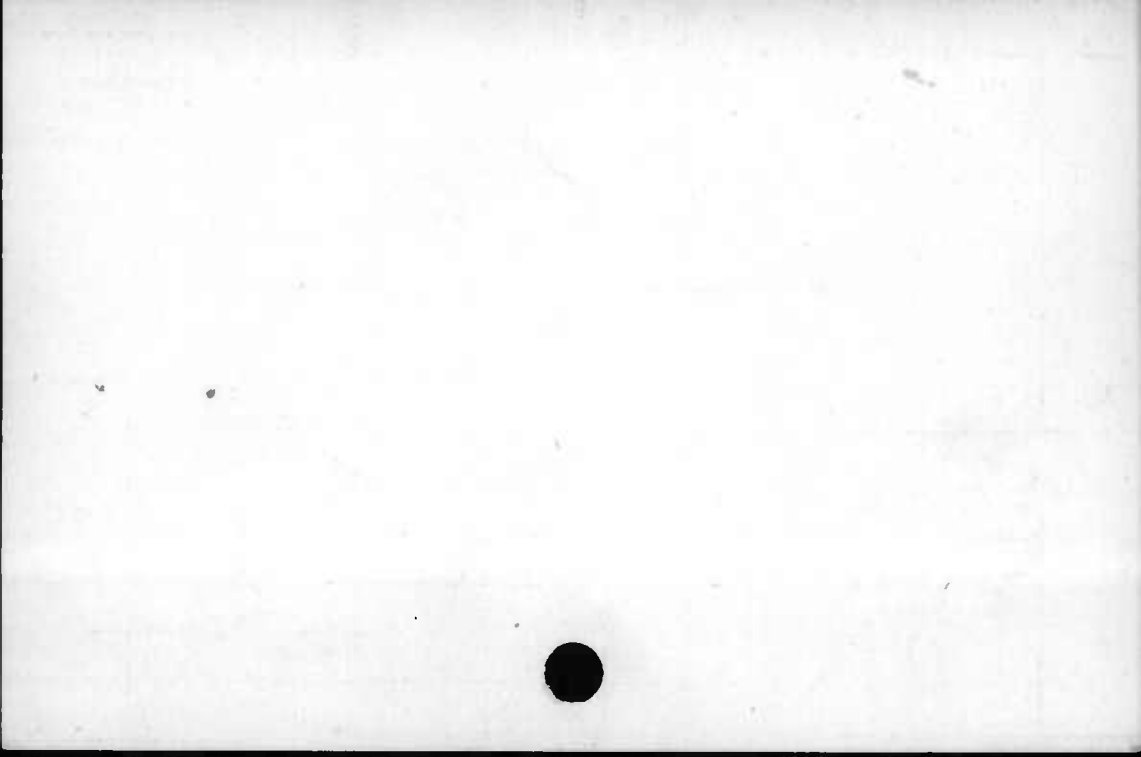
TO BE ANSWERED BY
NEAREST FRIEND

James Dayton Jr. Midshipman U. S. Navy		Town		County		MARYLAND	
Died at Naval Academy, Annapolis, Md. A. 6		Month		Day		Years	
Date of death 1906		October		8th		Age 19	
Sex Male		Color or Race White (American)		Birthplace Port Jervis Long Is., N.Y.		Months 1	
Occupation Midshipman		Where Residing if not at place of death Naval Academy		Days 14			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name James Dayton		Father's Birthplace Long Island N.Y.					
Mother's Maiden Name Sarah J. Brant		Mother's Birthplace Long Island, N.Y.					
Name of person giving information Sarah J. Dayton		How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Appendicitis	How long	Three days
Immediate	Heart failure	How long	12 hours
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. C. Byrnes	
		Address Medical Director U. S. N. Naval Academy	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

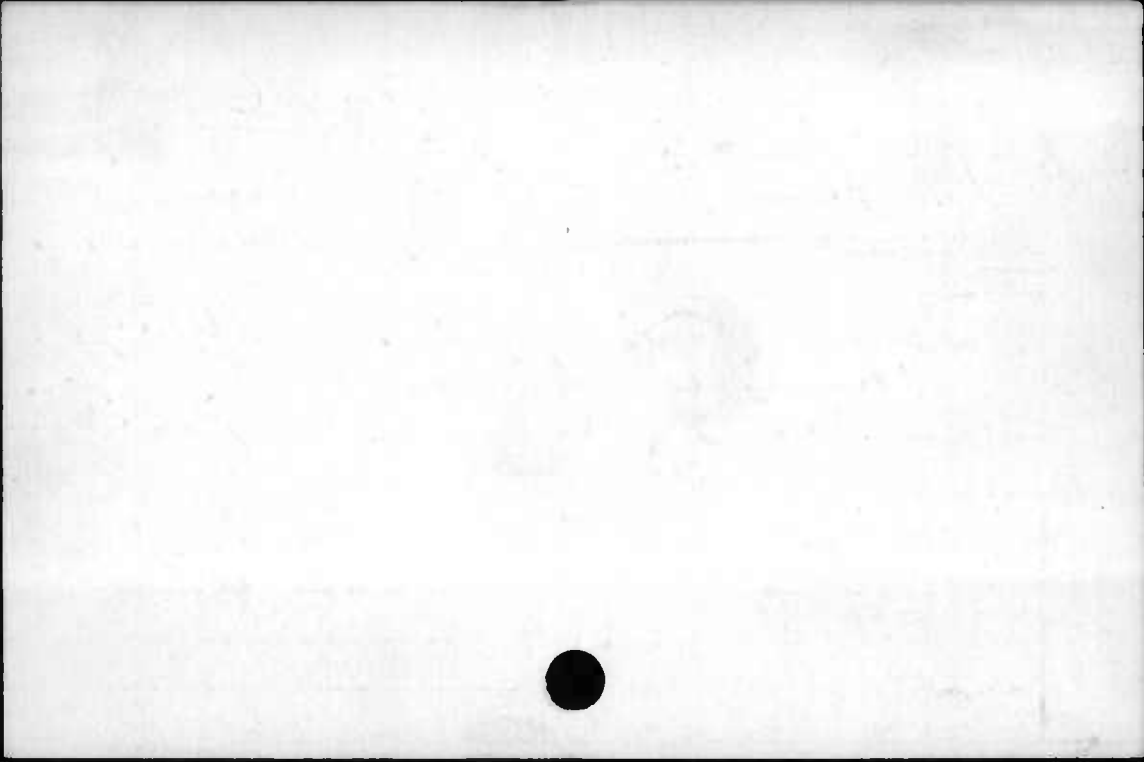
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Sarah Diggs</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Annapolis</i>		Month <i>Dec</i>		Day <i>8</i>		Years <i>7</i>	
Date of death <i>1906</i>		Month <i>Dec</i>		Day <i>8</i>		Age <i>7</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>			
Occupation		Where Residing if not at place of death <i>9 Monument St</i>					
<input checked="" type="checkbox"/> Married		<input type="checkbox"/> Single or Widowed		Name of Wife or Husband			
Father's Name <i>David Diggs</i>		Father's Birthplace <i>A.A.C.</i>					
Mother's Maiden Name <i>Maudie Jones</i>		Mother's Birthplace <i>A.A.C.</i>					
Name of person giving information <i>Peter Jones</i>		How related to deceased <i>Grandfather</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i> (93)	How long	<i>11 days</i>
Immediate	<i>Exhaustion & heart failure</i>	How long	<i>2 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. P. Peeler</i>	
		Address <i>60 Cathedral St. Annapolis</i>	
Accident or Suicide?			



Name
in
Full

Harry Eugene Elder,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Umanapolis</i>		^{County} <i>Anne Arundel</i>		MARYLAND	
Date of death	<i>1906</i>	^{Month} <i>December</i>	^{Day} <i>23</i>	^{Years} <i>31</i>	^{Months} <i>12</i>
Sex	<i>male</i>		Color or Race	<i>white</i>	
Occupation	<i>Cement Finisher</i>		Birth-place	<i>Rockville Mont. Co.</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Levi M. Elder</i>			Father's Birthplace	<i>Carroll St.</i>
Mother's Maiden Name	<i>Jennie Lilly</i>			Mother's Birthplace	<i>Balto. Co.</i>
Name of person giving information	<i>May Elder</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>Three weeks</i>
Immediate	<i>Botulism</i>	How long	<i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Geo. Wells</i>	
Accident or Suicide?		Address	
<i>No</i>		<i>Annapolis Md.</i>	

W. & F
Bulto

Name
in
Full

CERTIFICATE OF DEATH

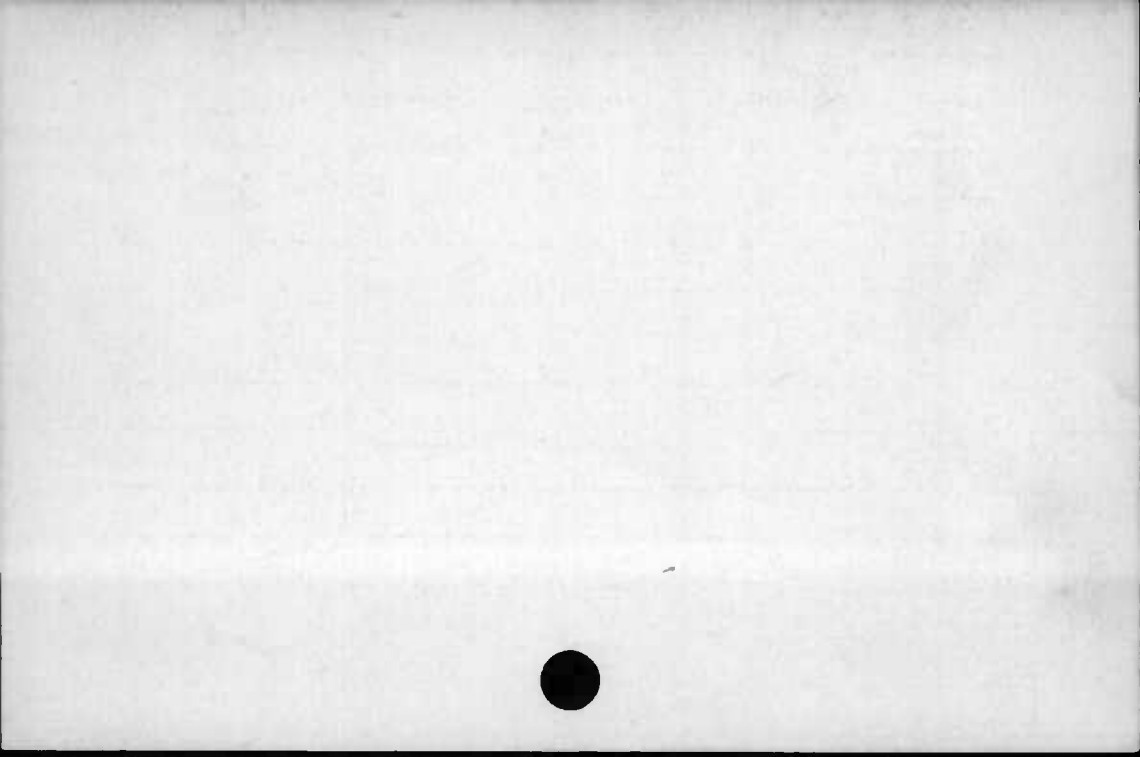
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bristol</u> Town <u>Franklin</u> County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Dec.</u>	Day <u>13</u>	Age <u>0</u> Years <u>0</u> Months <u>10</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>—</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>	
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Joseph Franklin</u>	Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Josephene Powell</u>	Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>Bernard Robinson</u>	How related to deceased <u>Friend</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>all life</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. H. Perrie</u>
<u>So</u>	Address <u>McKendree, Ind.</u>
Accident or Suicide? <u>—</u>	



Name
In
Full

Mary Jane Stowell Finkbine

CERTIFICATE OF DEATH

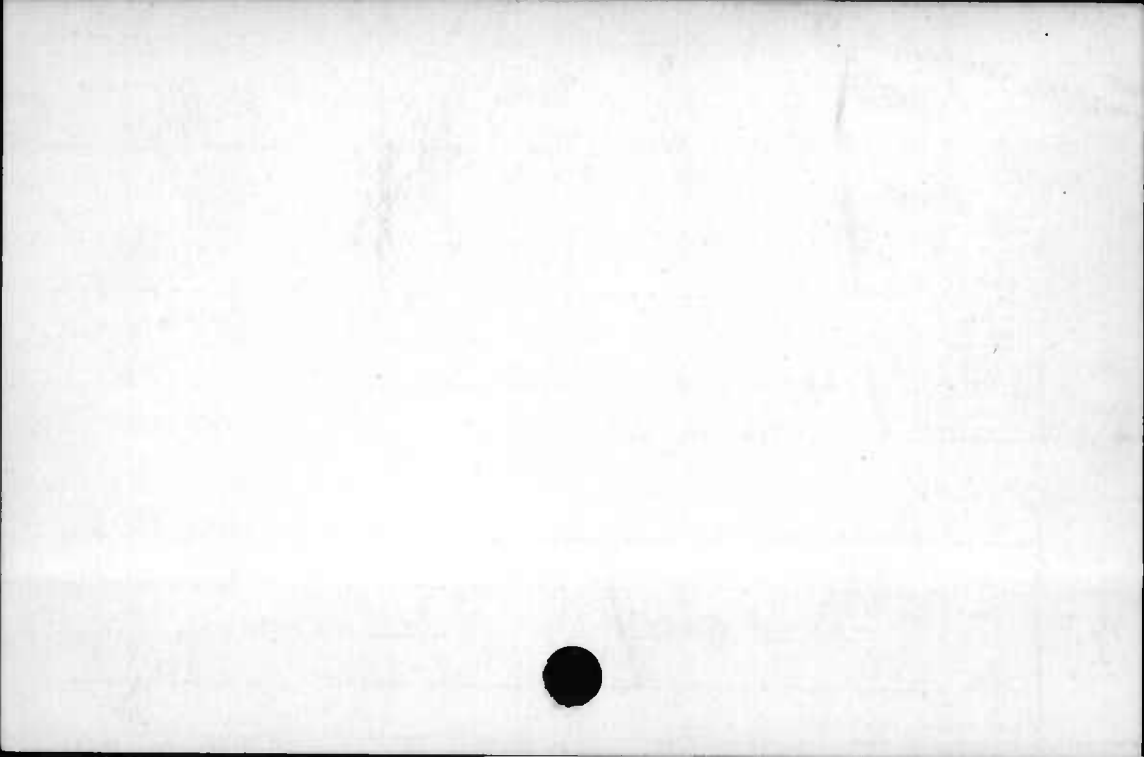
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Annapolis		^{County} Anne Arundel		MARYLAND	
Date of death 1906		Month	Day	Age	Years
1906		Dec	19	49	6
Sex Female		Color or Race White		Birth-place Hanover, Ohio	
Occupation Housewife		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Wilmer B Finkbine			
Father's Name Chas. Stowell		Father's Birthplace Ireland			
Mother's Maiden Name Mary J. Stowell		Mother's Birthplace Ohio			
Name of person giving information Mrs. Finkbine		How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	Four days
Immediate	Paralysis of heart	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Geo. Wells	
Yes		Address Annapolis	
No		Maryland	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Elizabeth Frazier</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		State MARYLAND	
Died at <i>Annapolis</i>		Month <i>Dec</i>		Day <i>22</i>		Years <i>73</i>	
Date of death <i>1906</i>		Month <i>Dec</i>		Day <i>22</i>		Age <i>73</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis</i>		Months <i>—</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>		—	
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Chas. Frazier</i>		—		—	
Father's Name <i>Sarg. Reynolds</i>		Father's Birthplace <i>England</i>		—		—	
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		—		—	
Name of person giving information <i>Sam Jones</i>		How related to deceased <i>None</i>		—		—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonitis</i>	How long <i>6 or 7 days.</i>
Immediate <i>Exhaustion</i>	How long <i>2 or 3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>as far as I am aware</i>	Signature of Physician <i>F. L. Thompson M.D.</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>—</i>	

Taylor

Name
In
Full

Dorothea Ruth. Gelhaus

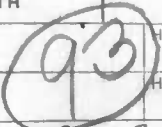
CERTIFICATE OF DEATH

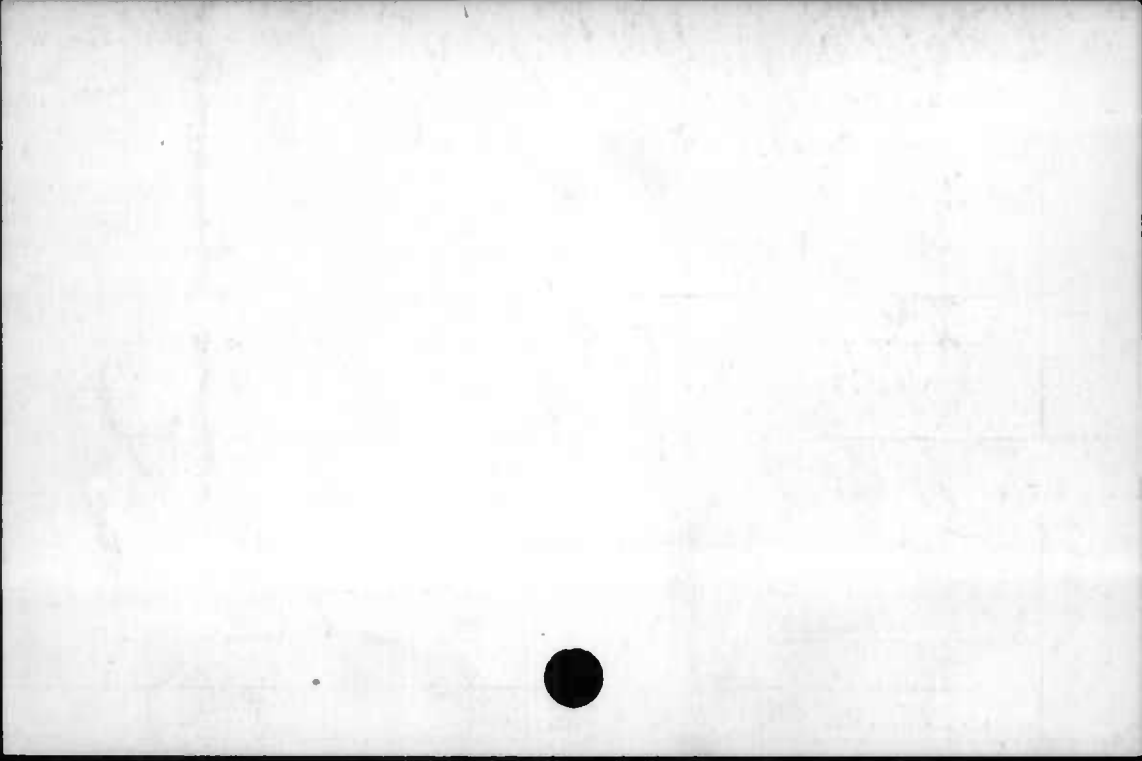
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Germantown</i> ^{Town}		<i>A. A.</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Month}		<i>Decemb</i> ^{Day}		<i>6th</i> ^{Years}	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germantown</i>	
Occupation <i></i>		Where Residing if not at place of death <i>" " "</i>			
Married, Single or Widowed <i></i>		Name of Wife ^{Husband} <i></i>			
Father's Name <i>F. L. J. Gelhaus</i>		Father's Birthplace <i>Prussia</i>			
Mother's Maiden Name <i>Antoinette D. Rehn</i>		Mother's Birthplace <i>Annapolis Md.</i>			
Name of person giving information <i>F. L. J. Gelhaus</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diphtheritis</i>	How long	<i>Several days</i>
Immediate	<i>Suffocation</i>	How long	<i>Few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>F. H. Thompson M.D.</i>	
		Address <i>Annapolis Md.</i>	
			



Name
in
Full

William Harris

CERTIFICATE OF DEATH

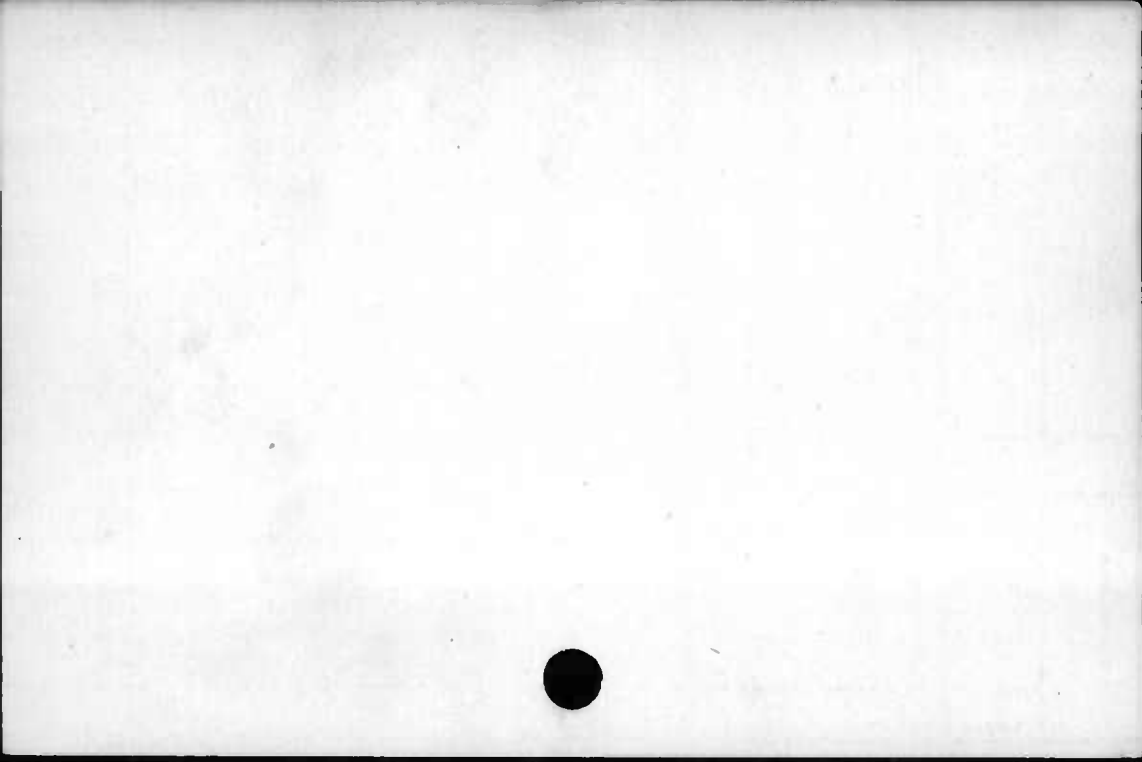
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>A-A</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>29</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm. Harris</i>			Father's Birthplace <i>A.A.Co. Md</i>		
Mother's Maiden Name <i>Maggie Galloway</i>			Mother's Birthplace <i>A.A.Co. Md</i>		
Name of person giving information <i>Maggie Harris</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Probably Whooping Cough</i>	How long	<i>1 month</i>
Immediate	<i>Suffocation</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. J. Welch H.O.</i>	
		Address <i>Annapolis</i>	
Accident or Suicide? <i>—</i>			



Name

in
Full

CERTIFICATE OF DEATH

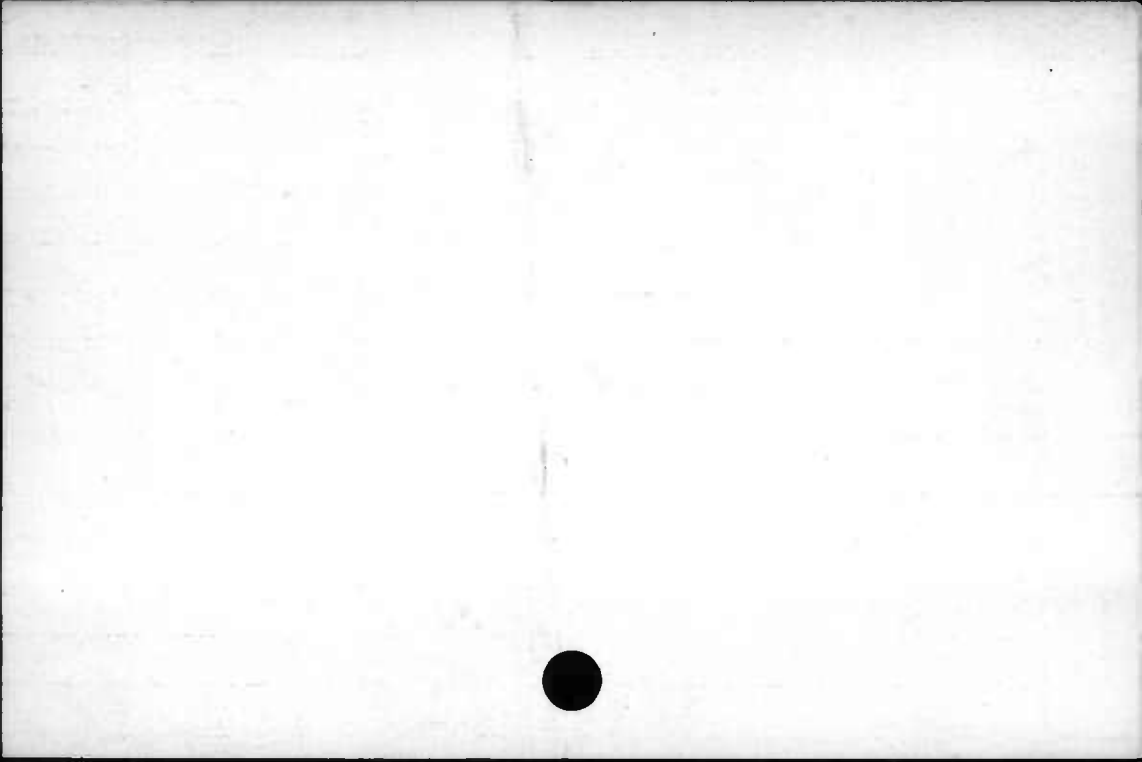
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harmans</i> ^{Town}		<i>Starkins</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>Aug</i> ^{Month}	<i>16</i> ^{Day}	Age <i>14</i> ^{Years}	Months	Days <i>14</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Harmans Md</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Mase Hawkins</i>			Father's Birthplace <i>Atco Md</i>		
Mother's Maiden Name <i>Nellie Adams</i>			Mother's Birthplace <i>Atco Md</i>		
Name of person giving information <i>Mase Hawkins</i>			How related to deceased <i>Father</i>		

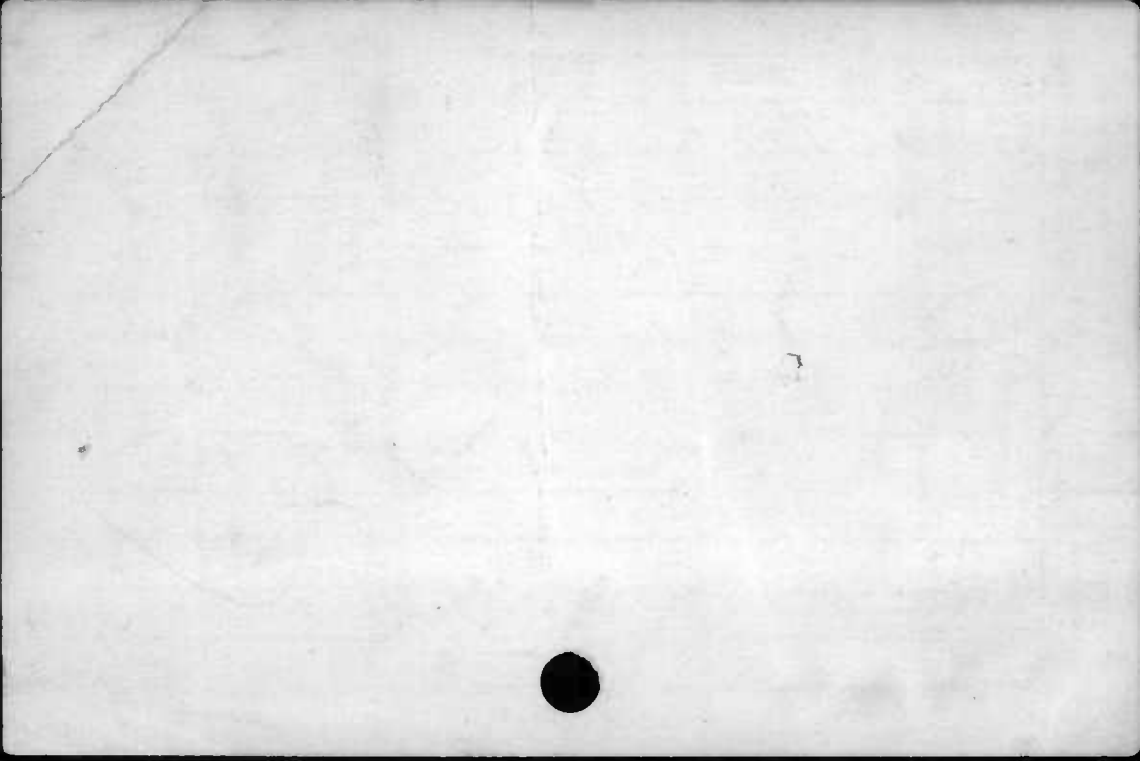
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	How long <i>14 days</i>
Immediate <i>Heart failure</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Harrison Tongue</i>
	Address <i>Hanover Md</i>
Accident or Suicide?	



Name in Full		Town		County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Basel Ham</i>		<i>Harrison</i>		MARYLAND	
		Date of death <i>1906</i>	Month <i>12</i>	Day <i>26</i>	Age <i>X</i>	Months <i>7</i>	Days <i>1</i>
		Sex <i>Male</i>		Color or Race <i>C. C. R.</i>		Birthplace <i>Elk Ridge</i>	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name <i>Basel Harrison</i>		Father's Birthplace			
		Mother's Maiden Name <i>William Adams</i>		Mother's Birthplace <i>Harrison</i>			
		Name of person giving information		How related to deceased			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(46)</div>							
PHYSICIAN OR CORONER		Primary <i>Infectious Disease</i>		How long <i>1 day</i>			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Harrison</i>			
				Address <i>Elk Ridge</i>			
		Accident or Suicide?					



Name
in
Full

Louisa Nepe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <i>Fairfield</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Dec.</i>	Day <i>3</i>	Age <i>66</i>	Years <i>66</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Married, Single or Widowed <i>Widow of</i>	Occupation <i>House-wife</i>				
Name of Wife or Husband <i>J. George August Nepe</i>					
Father's Name <i>Johann Hammerslag</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Dora Nepe</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Paul Miller</i>			How related to deceased <i>Son-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Pneumonia (lobar)</i>	How long <i>3 days</i>	<i>93</i>
Immediate <i>Heart failure</i>	How long <i>abt 12 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robt. P. C. Schick M.D.</i>	
	Address <i>1218 S. Charles St.</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Louisa Johnson</i>		Town <i>Rutland</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Rutland</i>		Month <i>Dec.</i>		Day <i>16</i>		Age <i>59</i>	
Date of death <i>1906</i>		Month <i>Dec.</i>		Day <i>16</i>		Age <i>59</i>	
Sex <i>Female</i>		Color of <i>Red</i>		Birth-place <i>md</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <input checked="" type="checkbox"/> Married		Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>— Don't Know</i>		Mother's Birthplace <i>—</i>					
Name of person giving information		How related to deceased <i>W. J. Williams</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Aphrolexy</i>	How long <i>64</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. J. Williams</i>
	Address <i>Rutland</i>
Accident or Suicide?	



Name

in
Full

Johnson

CERTIFICATE OF DEATH

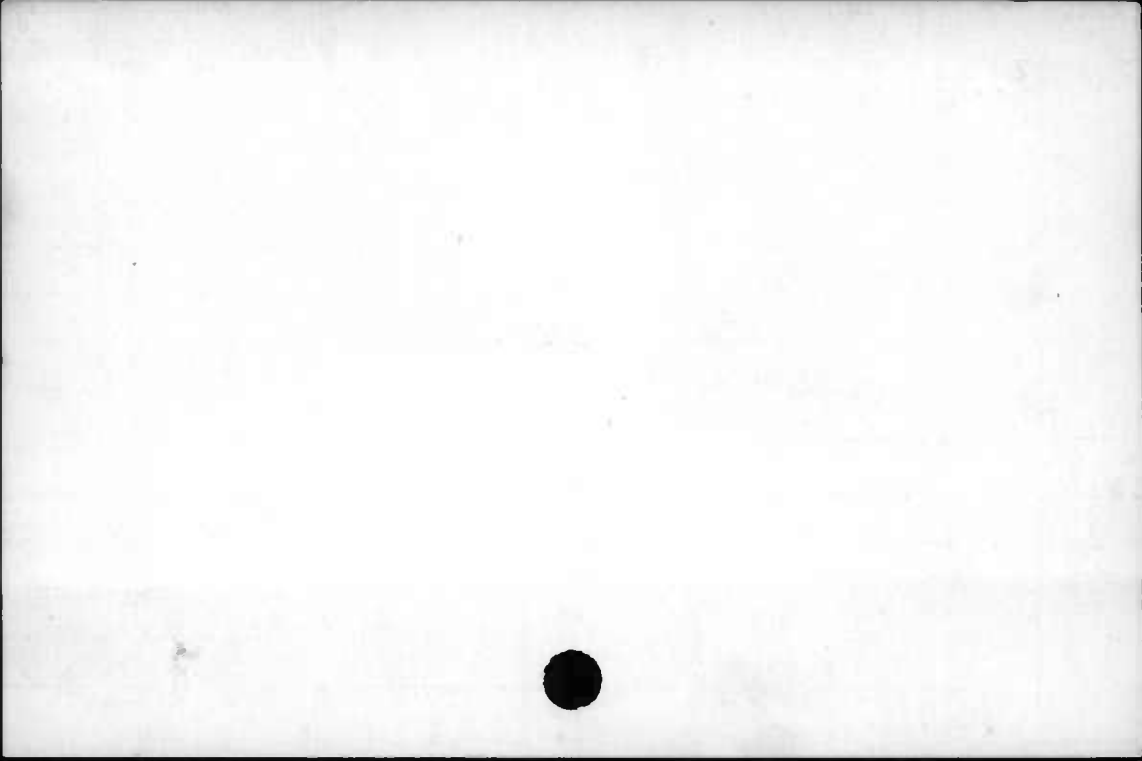
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		County <i>Art</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec.</i>	Day <i>20th</i>	Age	Years	Months
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>John Lb Johnson</i>		Father's Birthplace <i>Annapolis</i>			
Mother's Maiden Name <i>Mary Stansbury</i>		Mother's Birthplace <i>Art Co.</i>			
Name of person giving information <i>Mother</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still-born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout M.D.</i>	
<i>yes</i>	Address <i>Annapolis Md.</i>	
Accident or Suicide?		



Name
In
Full

Thomas L. Jones

CERTIFICATE OF DEATH

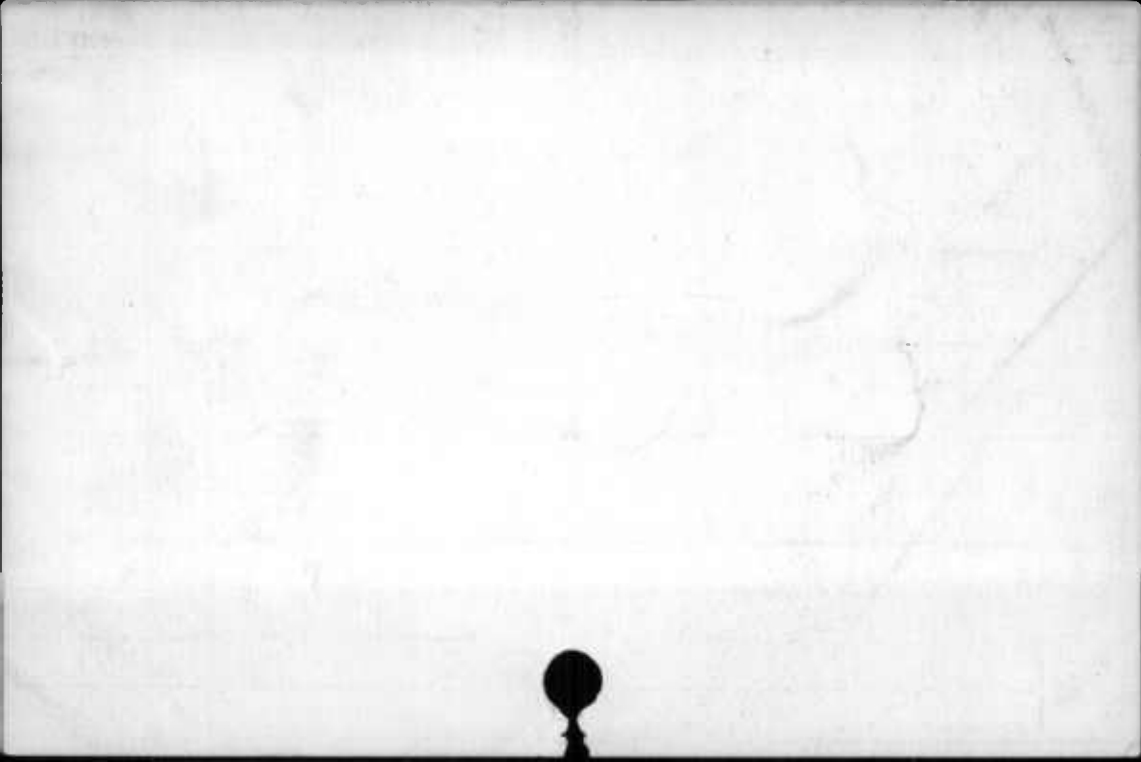
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		County <i>AA</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>31st</i>	Age <i>8</i>	Years	Months <i>3</i>	Days <i>7</i>	
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place				
Occupation <i>child</i>	Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Thomas L. Jones</i>		Father's Birthplace <i>A.A. Co.</i>					
Mother's Maiden Name <i>Martha Pinkney</i>		Mother's Birthplace <i>A.A. Co.</i>					
Name of person giving information <i>Mother</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Menigitis</i>	How long	<i>5</i>	How long	<i>Five days</i>
Immediate					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout, M.D.</i>			
<i>yes</i>		Address <i>Annapolis Md</i>			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Joseph Kadan Jr.*

Town

Curtis Bay

County

aa. Co.

Date

of death

1906

Month

Dec

Day

31

Age

Years

✓

Months

5 1/2

Days

✓

Sex

*M.*Color or
Race*W.*Birth-
place*Ind.*

Occupation

*✓*Where Residing if not
at place of death*✓*Married, Single
or Widowed*✓*Name of Wife or
Husband*✓*Father's
Name*Joseph Kadan*Father's
Birthplace*Germany*Mother's
Maiden Name*Mary Barbucela*Mother's
Birthplace*Germany*Name of person giving
information*Joseph Kadan*How related
to deceased*Father*

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary

Acute Hydrocephalus

How long

2 months

Immediate

Meningitis

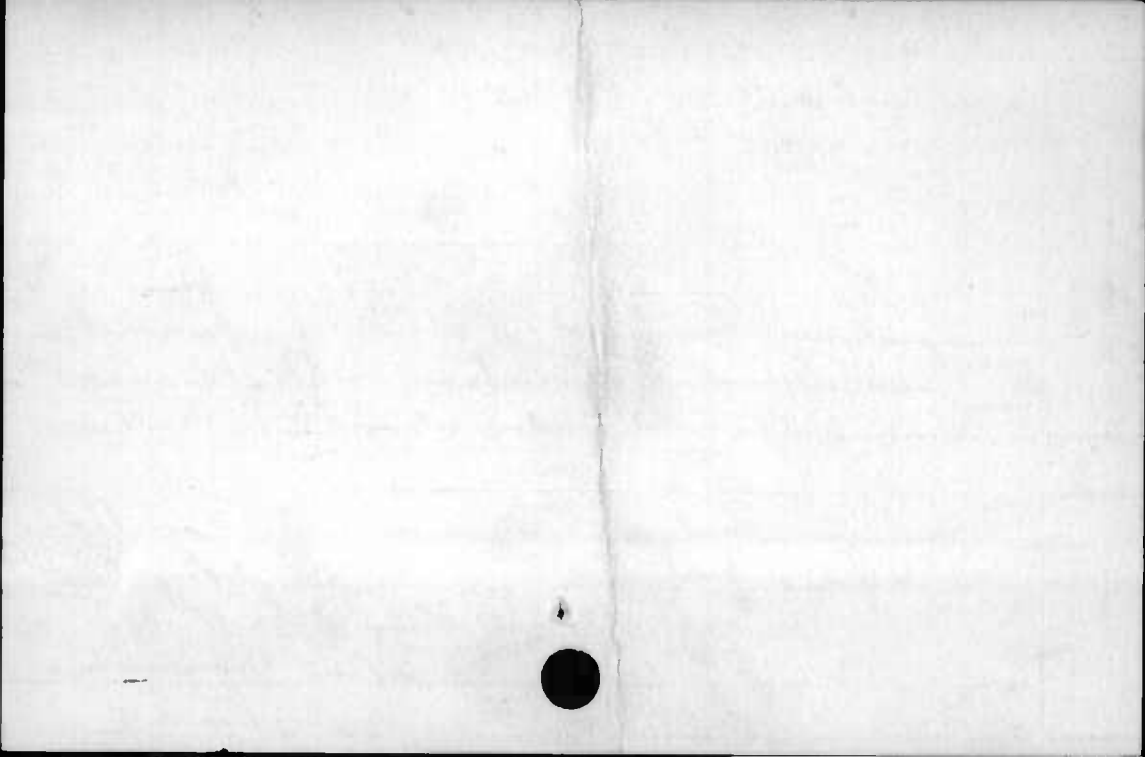
How long

*6 weeks*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*William D. Scott M.D.*

Address

*Curtis Bay aa Co,
Maryland*

Accident or Suicide?



Name in Full		Margeret L. Lang				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Mullersville</i>		Town <i>Q. A.</i>		County		MARYLAND
	Date of death <i>1906</i>	Month <i>Dec.</i>	Day <i>14</i>	Age <i>81</i>	Years	Months <i>4</i>	Days
	Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Bavaria Germany</i>			
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo. A. Lang</i>				
PHYSICIAN OR CORONER	Father's Name <i>Jacob Wachter</i>		Father's Birthplace <i>Germany</i>				
	Mother's Maiden Name <i>Mrs. Bettinger</i>		Mother's Birthplace <i>"</i>				
	Name of person giving information <i>Mrs. Stutenranch</i>		How related to deceased <i>Daughter</i>				
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Paralysis</i>		<i>60</i>		How long <i>6 mos</i>		
	Immediate <i>Heart failure</i>				How long <i>2 days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. B. Gansit M.D.</i>				
	<i>H. B. Gansit</i>		Address <i>Mullersville, Md</i>				
	Accident or Suicide?						



Name
in
Full

Sally Lewondowski

CERTIFICATE OF DEATH

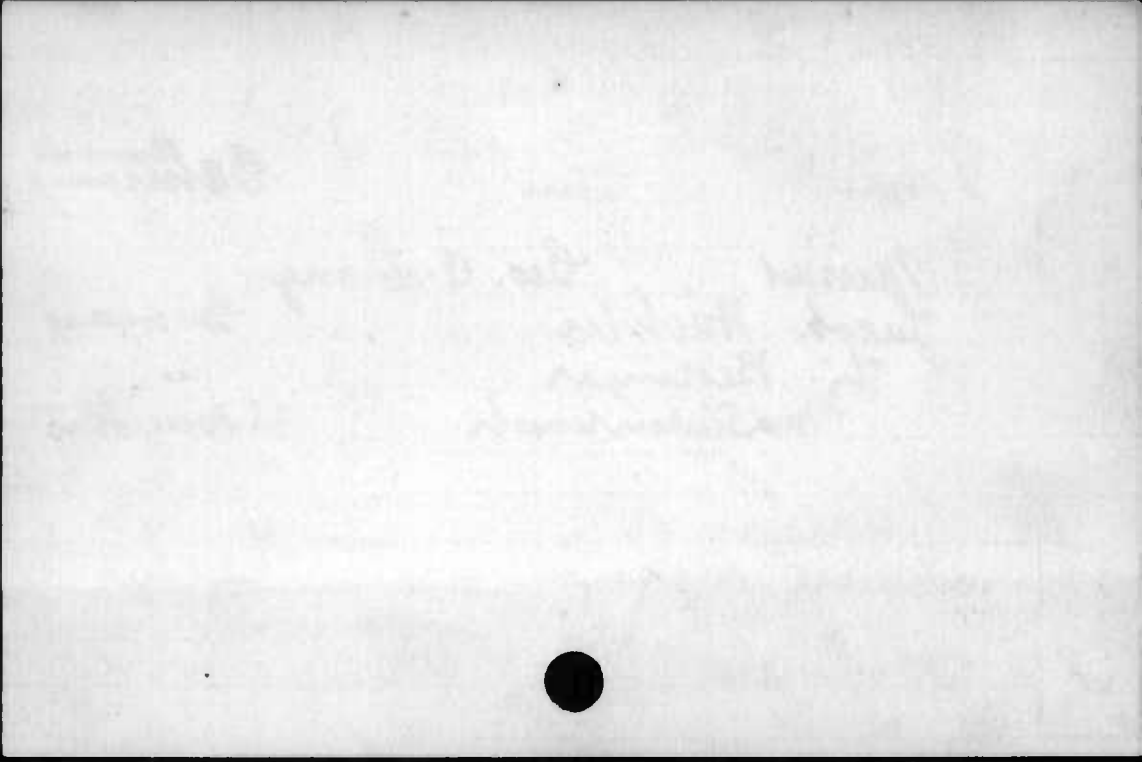
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Dec	4			2	1
Sex		Color or Race		Birth-place			
F.		W		h.d.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Julius Lewondowski				Russia			
Mother's Maiden Name				Mother's Birthplace			
Magdalena Lewondowski				Russia			
Name of person giving information				How related to deceased			
Julius Lewondowski				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Acute Lateral Enteritis	2 weeks
Immediate	How long
Barbaric Infants	3 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	William D. Scott, M.D.
	Address
	Buffalo Bay Co., Maryland
Accident or Suicide?	



Name
is
Full

CERTIFICATE OF DEATH

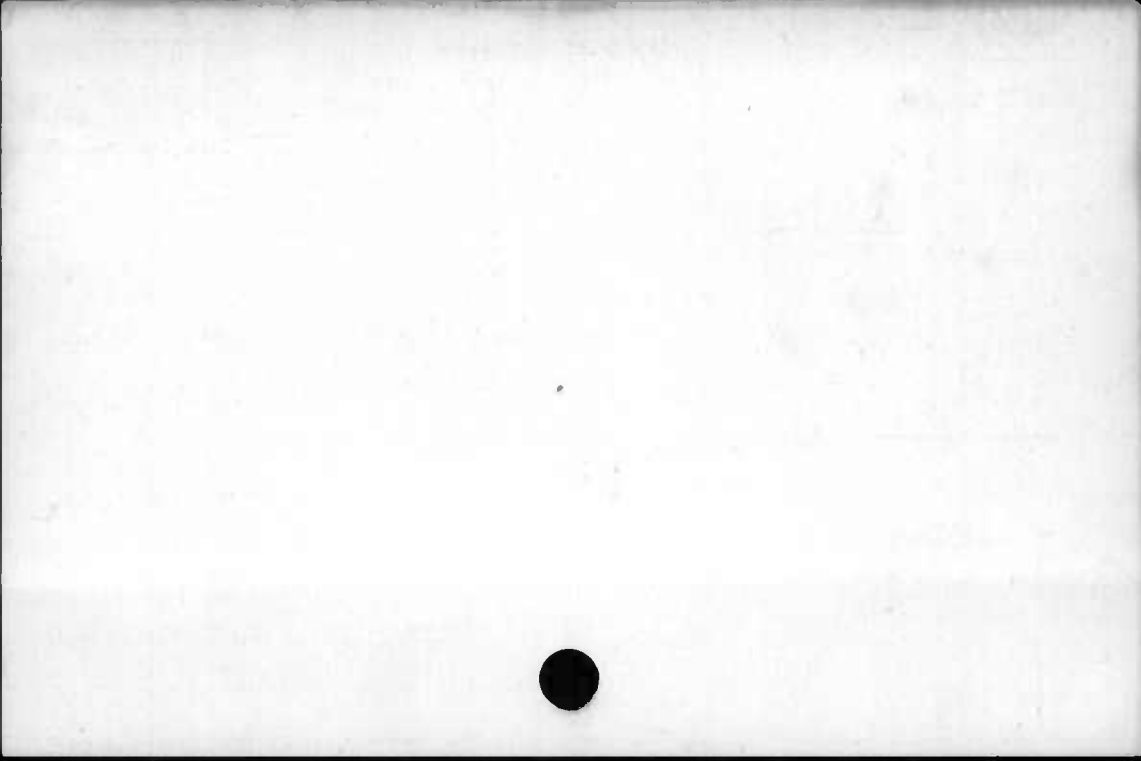
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>9</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	<i>12</i> ^{Month}	<i>28</i> ^{Day}	<i>9</i> ^{Years}	<i>28</i> ^{Months}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Annapolis</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Joseph Lippman</i>			Father's Birthplace	<i>Russia</i>
Mother's Maiden Name	<i>Bessie Lippman</i>			Mother's Birthplace	<i>Russia</i>
Name of person giving information	<i>Jos. Lippman</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Intestinal Indigestion</i>	How long	<i>3 days</i>
Immediate	<i>Convulsions</i>	How long	<i>9 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Ronnie B. Haskel</i>
Accident or Suicide?	<i>No</i>	Address	<i>Annapolis, Md.</i>



Name in Full *Eveline Matthews*

CERTIFICATE OF DEATH

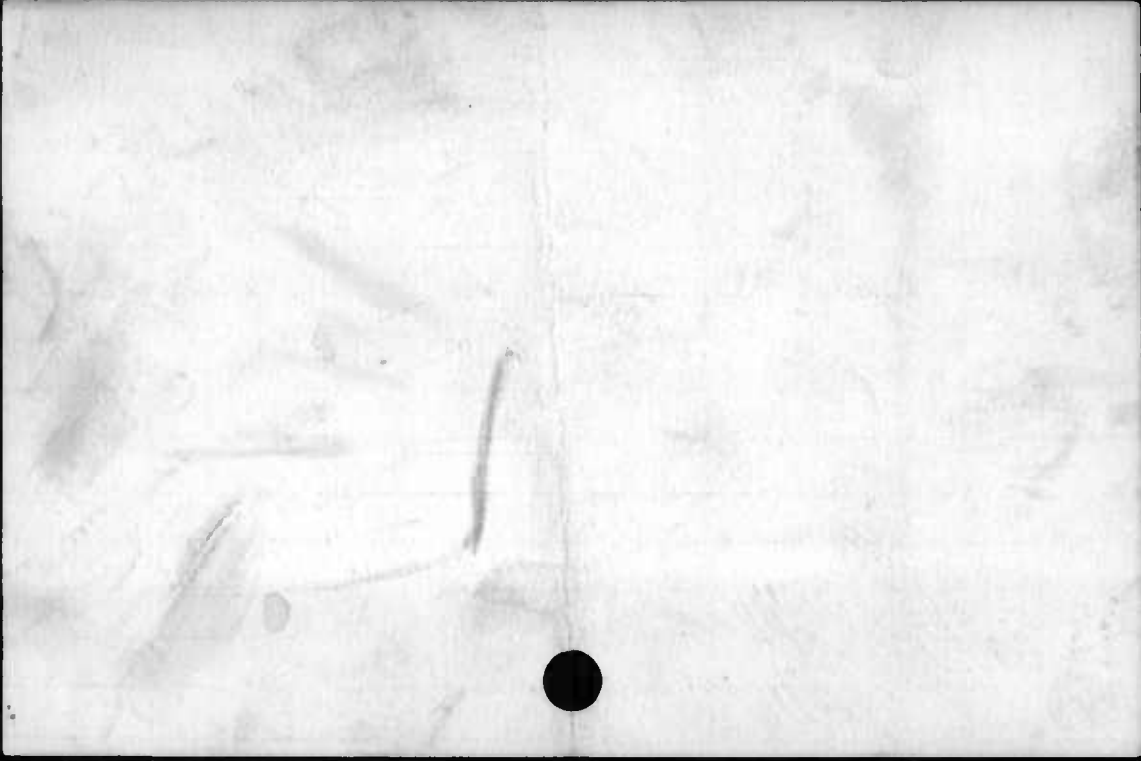
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Waterbury</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>12</i>	Day <i>17</i>	Age <i>68</i>	Years <i>5</i>	Months <i>25</i> Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Waterbury</i>		
Occupation <i>Swamp</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Jackson Matthews</i>			
Father's Name <i>James Zoogood</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Nell Zoogood</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Wm Johnson</i>		How related to deceased <i>No Relation</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Natural Causes</i>	How long	<i>178</i>
Immediate		How long	<i>178</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>E. D. Payne, Jr.</i>	
Address		<i>Acting Coroner - Millersville Md</i>	
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Sara Mathews</i>		Town <i>Annapolis</i>		County <i>Ar</i>		State <i>MD</i>	
Died at <i>Annapolis</i>		Date of death <i>1906 Dec 8</i>		Age <i>1</i>		Months <i>1</i>	
Sex <i>Female</i>	Color or Race <i>Cottonea</i>	Birthplace <i>Annapolis</i>		Where Residing if not at place of death <i>150 South St</i>			
Occupation <i></i>		Name of Wife or Husband <i></i>					
Married, Single or Widowed <i></i>		Father's Name <i>Joseph Mathews</i>					
Mother's Maiden Name <i>Margaret Johnson</i>		Father's Birthplace <i>Ar</i>					
Name of person giving information <i>Mathews</i>		Mother's Birthplace <i>Annapolis</i>					
		How related to deceased <i>2nd</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Undevelopment</i>	How long <i>(5)</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P. P. Decker</i>
	Address <i>60 Cathedral St Annapolis, Md.</i>
Accident or Suicide?	



Name
in
Full

Mary A Mickowisk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

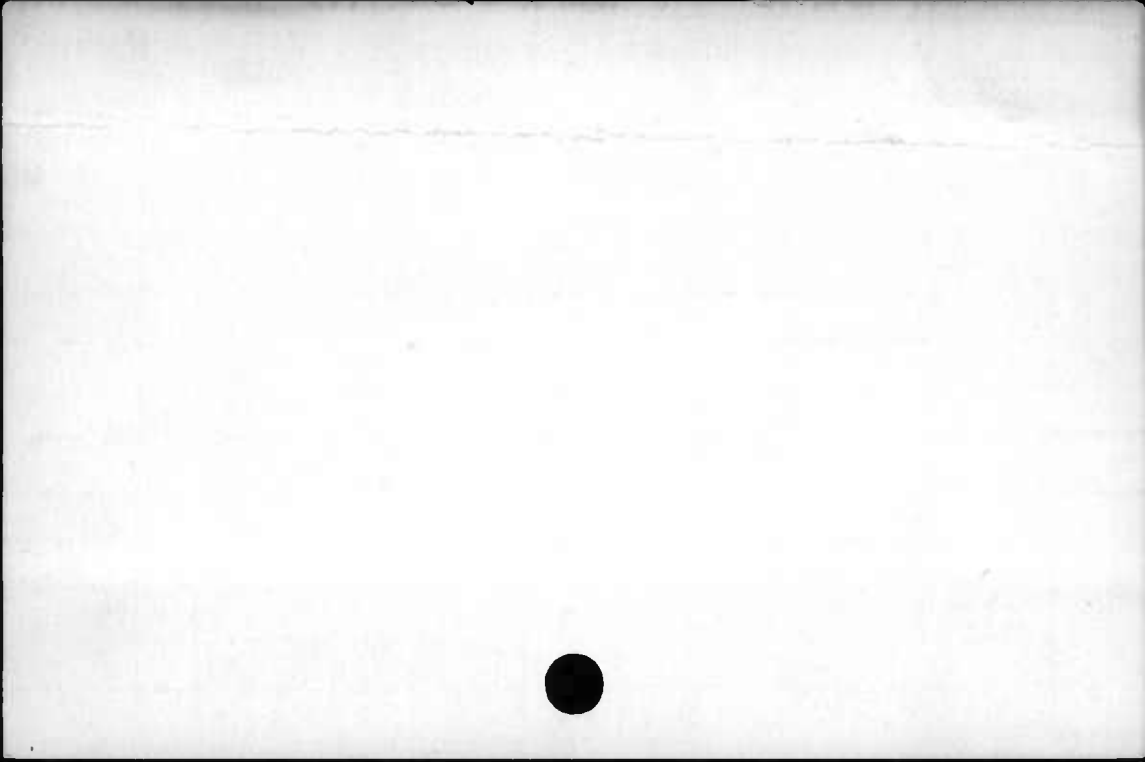
MARYLAND

Died at <u>East Brooklyn</u> ^{Town}		<u>Asst</u> ^{County}			
Date of death	<u>1906</u> ^{Year}	<u>Dec</u> ^{Month}	<u>17</u> ^{Day}	Age <u>64</u> ^{Years}	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>			
Occupation <u>Housework</u>	Where Residing if not at place of death <u>—</u>				
<u>Widowed</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Thomas Michael</u>	How related to deceased <u>Grandson</u>				

CAUSES OF DEATH

Primary <u>Pneumonia</u>	How long <u>7 days</u>
Immediate <u>Heart Failure</u>	How long <u>7 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. B. Horton MD</u>
	Address <u>So. Baltimore MD</u>
Accident or Suicide? <u>—</u>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

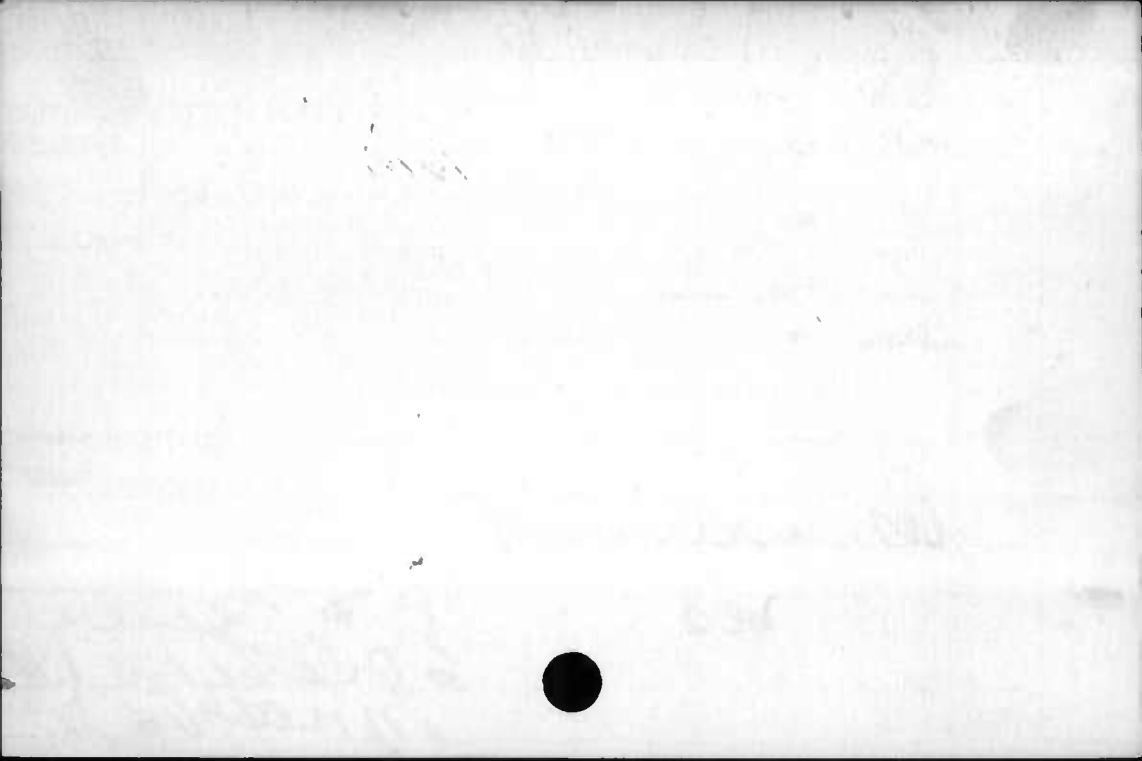
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William Moreland</i>		Town <i>Shady Side</i>		County <i>A. H.</i>		State <i>MARYLAND</i>	
Died at <i>Shady Side</i>		Date of death <i>1906 Dec 22</i>		Age <i>65</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		Days <i>—</i>	
Occupation <i>Oysterman</i>		Where Residing If not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Bettie Reed</i>					
Father's Name <i>Richard Moreland</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Caroline Golden</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Tom Moreland</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pyemia</i>	How long <i>4 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. T. Stunt</i>
	Address <i>Shurcklin</i>
Accident or Suicide? <i>—</i>	



Name

in
Full

James Daniel Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death	1906	Month	Dec	Day	9
				Years	77
				Months	2
				Days	19
Sex	male		Color or Race	white	
Birth-place	Annapolis Md				
Occupation	Pay Director U. S. Navy				
<input checked="" type="checkbox"/> Widowed	Name of Wife or Husband Elizabeth M. Murray				
Father's Name	James Murray			Father's Birthplace	Annapolis Md
Mother's Maiden Name	Charlotte Ratcliffe			Mother's Birthplace	Eastern Shore of Maryland
Name of person giving information	James D. Murray, Jr.			How related to deceased	Son

CAUSES OF DEATH

Primary Chronic inflammation of the lungs complicated with tubercles & bleeding from bronchial vessels How long several years

Immediate edema of the lungs How long two hours

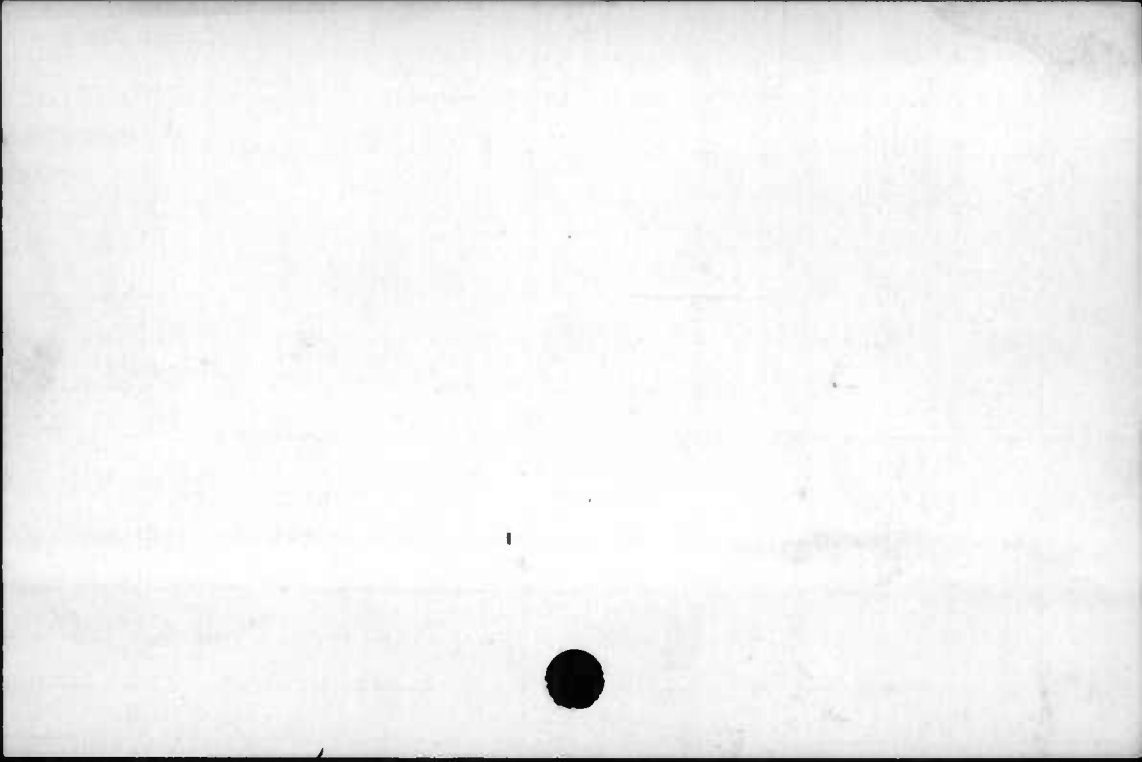
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Hess Dr. Corwin

Naval Academy
Annapolis MdAccident or Suicide? —



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Annapolis Md. (A.A.)</i>		County <i>160</i>	
Date of death <i>1904 Dec. 23</i>	Month <i>4</i>	Day <i>23</i>	Years <i>74</i>
Sex <i>female</i>	Color or Race <i>yellow</i>	Birthplace <i>Prince Georges</i>	
Occupation <i>Nurse</i>	Where Residing if not at place of death <i>48 Acton Lane</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Thomas Pinkney</i>		
Father's Name	Father's Birthplace		
Mother's Maiden Name <i>Betsy Addison</i>	Mother's Birthplace <i>P. to 1</i>		
Name of person giving information <i>Daughter</i>	How related to deceased		

CAUSES OF DEATH

Primary

*Athoplexy**(14)*

How long

Some days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Ridout M.D.
Annapolis Md

Accident or Suicide?

Brown

Name
in
Full

Edward J Rawlet

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Annapolis

Date

of death 1906

Month

Dec

Day

15th

Age

Years

Months

2

Days

Sex

Male

Color or
Race

colored

Birth-
place

Annapolis

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Edward J Rawlet

Father's
Birthplace

Virginia

Mother's
Maiden Name

Nannie Brown

Mother's
Birthplace

Id

Name of person giving
In formation

Nannie Rawlett

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Marasmus

How long

Since Birth

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

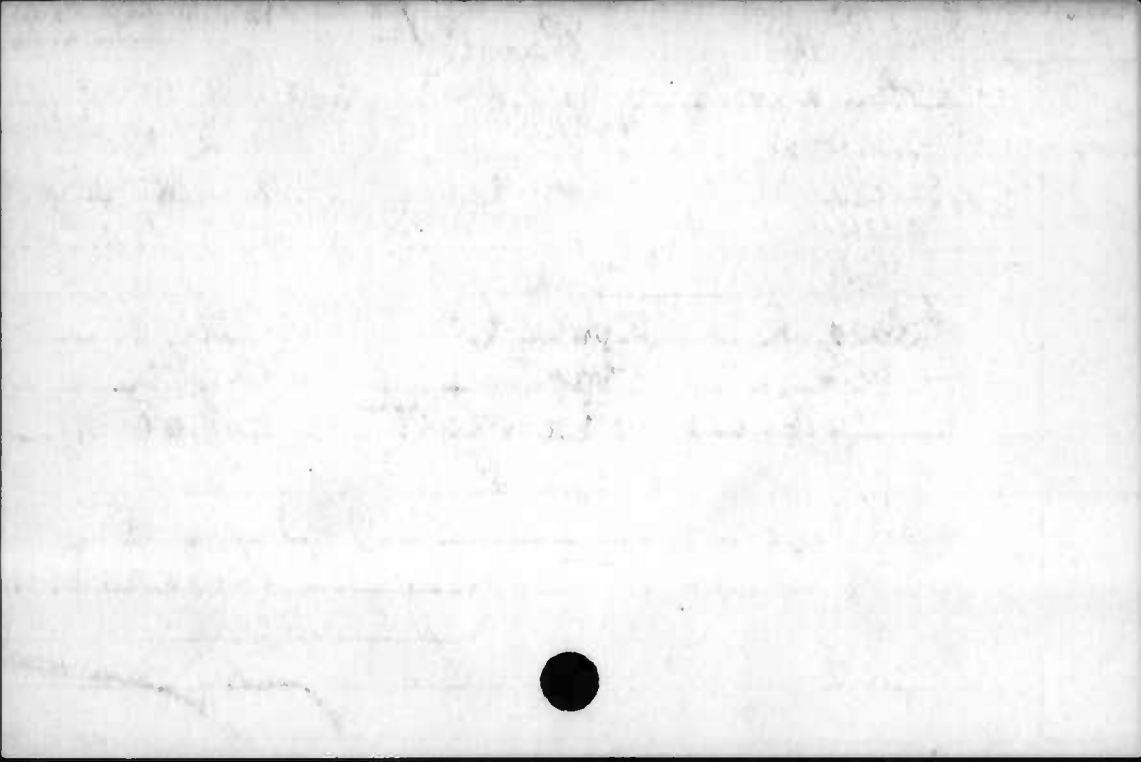
Address

John Ridout, Md
Annapolis
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>annapolis md</i>		Town <i>anna</i> County <i>a. a. co.</i>	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>10</i>	Age <i>1</i> Years <i>1</i> Months <i>2</i> Days
Sex <i>male</i>	Color or Race <i>Colored</i>	Birth-place <i>annapolis md</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>39 W. ...</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Edward Rowlett</i>	Father's Birthplace <i>Va.</i>		
Mother's Maiden Name <i>Hannie Brown</i>	Mother's Birthplace <i> Md.</i>		
Name of person giving information <i>Hannie Rowlett</i>	How related to deceased <i>Maternal</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dentition</i>	How long <i>61</i>	How long <i>Four days</i>
Immediate <i>Meningitis</i>		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout M.D.</i>	
<i>yes</i>	Address <i>Annapolis Md</i>	
Accident or Suicide?		

J. Ridout

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Shadeside* ^{Town} *Anne Arundel* ^{County}Date of death *1906* ^{Month} *December* ^{Day} *31* ^{Years} *80* ^{Months} *4* ^{Days} *13*Sex *Female* Color or Race *white* Birth-place *Ireland*Occupation *none* Where Residing if not at place of deathMarried, Single or Widowed *married* Name of ~~Wife or~~ Husband *Louis Phillippe Ray*Father's Name *Unknown* Father's Birthplace *Ireland*Mother's Maiden Name *Ada Kerwin* Mother's Birthplace *Ireland*Name of person giving information *Louise Ray Talmage* How related to deceased *daughter*

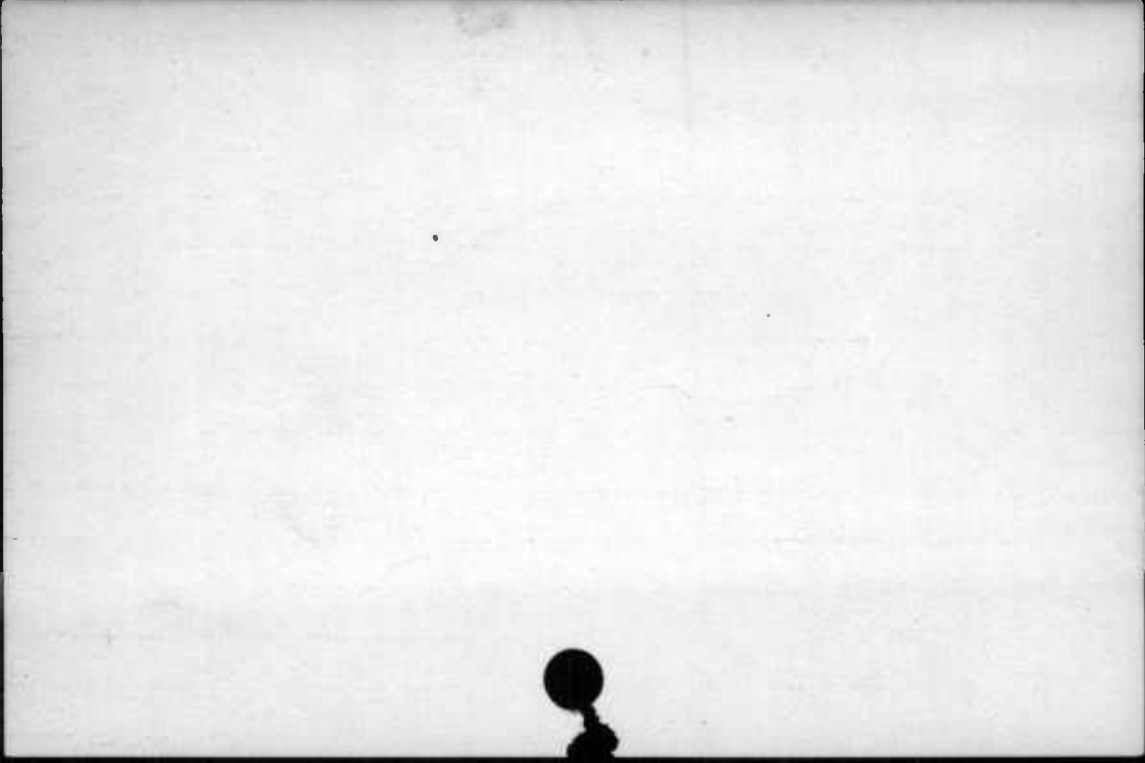
CAUSES OF DEATH

Primary *Mitral Regurgitation*Immediate *Pulmonary Oedema* How long *2 Days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Geo. T. Duff*Address *Champton*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

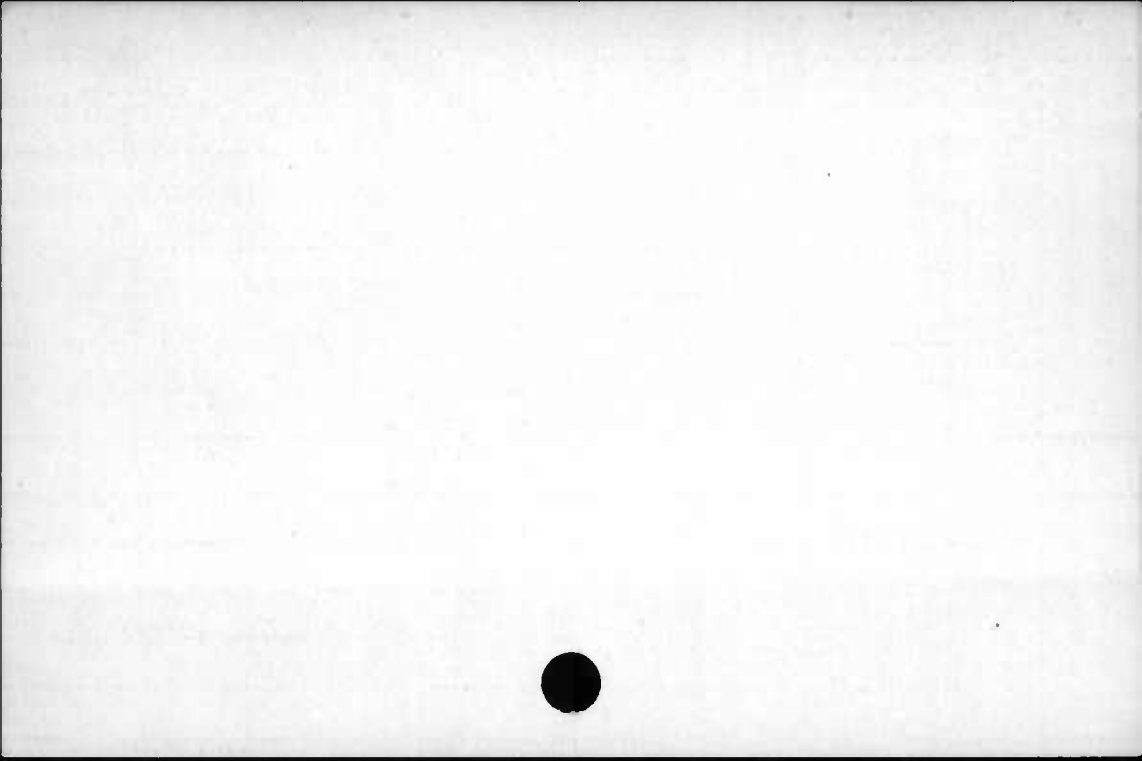
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		12	2	28			
Sex	Female	Color or Race	Col	Birth-place	Md		
Occupation	Home-girl		Where Residing if not at place of death		Brooklyn		
Married, Single or Widowed	Married	Name of Wife or Husband	Josh Reeves				
Father's Name	Geo Howard				Father's Birthplace	Md	
Mother's Maiden Name	Unknown				Mother's Birthplace	Md	
Name of person giving information	Josh Reeves				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inflammatory Rheumatism	How long	7 days
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Charles B. Brooke	
Address		Brooklyn	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Martha Ross		Town Annapolis Md.		County Art. Co	
Died at Annapolis Md.		Month Dec		Day 23	
Date of death 1904		Years 4		Months 3	
Sex female		Color or Race Colored		Birth-place Annapolis	
Occupation		Where Residing if not at place of death 83 Washington St			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Edmund Ross		Father's Birthplace Cambridge			
Mother's Maiden Name Sarah Addison		Mother's Birthplace Annapolis			
Name of person giving information Mother		How related to deceased mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

How long

How long

Brown

Name
In
Full

CERTIFICATE OF DEATH

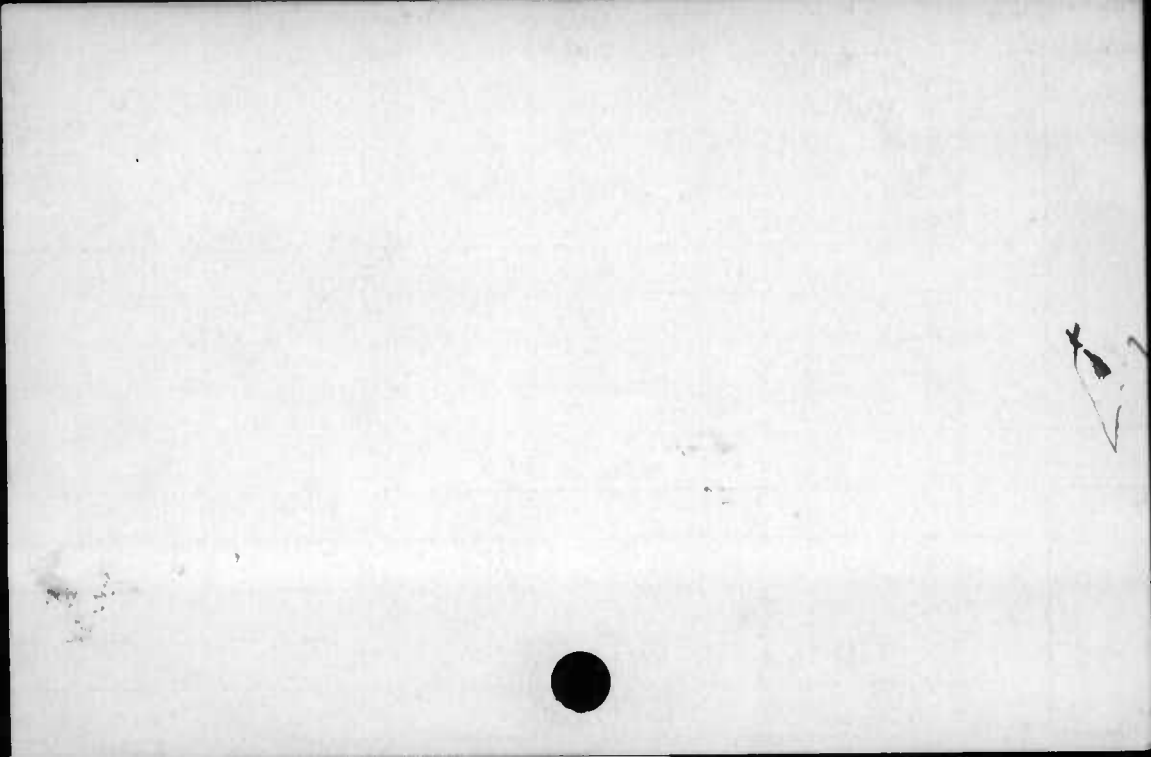
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name In Full		Town		County			
Died at		Groesbeville		aa. Co.			
Date of death		1906	Month Dec.	Day 8	Age Years	Months 9	Days ✓
Sex F.		Color or Race		W		Birth- place Md	
Occupation ✓				Where Residing if not at place of death ✓			
Married, Single or Widowed ✓				Name of Wife or Husband ✓			
Father's Name Harry Smith				Father's Birthplace Md.			
Mother's Maiden Name Maud Hoback				Mother's Birthplace md			
Name of person giving information ✓				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Membranous Croup	How long	3 days
	Immediate	Asphyxia	How long	✓
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician	William D. Scott M.D.
			Address	Curtis Bay aa. Co., Md.
Accident or Suicide?				



Name
In
Full

CERTIFICATE OF DEATH

Austin Sarral

Town

County

MARYLAND

Died at

Annapolis

Md

Date

Month

Day

Years

Months

Days

of death

1906 Dec

14

Age

1

5

Sex

Male

Color or
Race

Caucasian

Birth-
place

Annapolis

Occupation

Where Residing if not
at place of death

Washington D.C.

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Shurden Sarral

Father's
Birthplace

Annapolis

Mother's
Maiden Name

Mary Thomas

Mother's
Birthplace

Centerville

Name of person giving
information

Mother

How related
to deceased

CAUSES OF DEATH

Primary

Whooping Cough

How long

1 month

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Wm. J. Welch, Health Officer

Address

Annapolis

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Agnes Spears

Died at East Brooklyn

County An.

MARYLAND

Date of death 1906 Dec 17 Age 1 Months 13 Days

Sex Female Color or Race white Birth-place Balto. Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed

Name of Wife or Husband

Father's Name Chas Spears

Father's Birthplace Germany

Mother's Maiden Name Sophia Michaels

Mother's Birthplace Germany

Name of person giving Information Chas Spears

How related to deceased Father

CAUSES OF DEATH

Primary Congestion of Lungs How long 2 days

Immediate

Are the name, age, sex, color, date and place correctly given above? yes

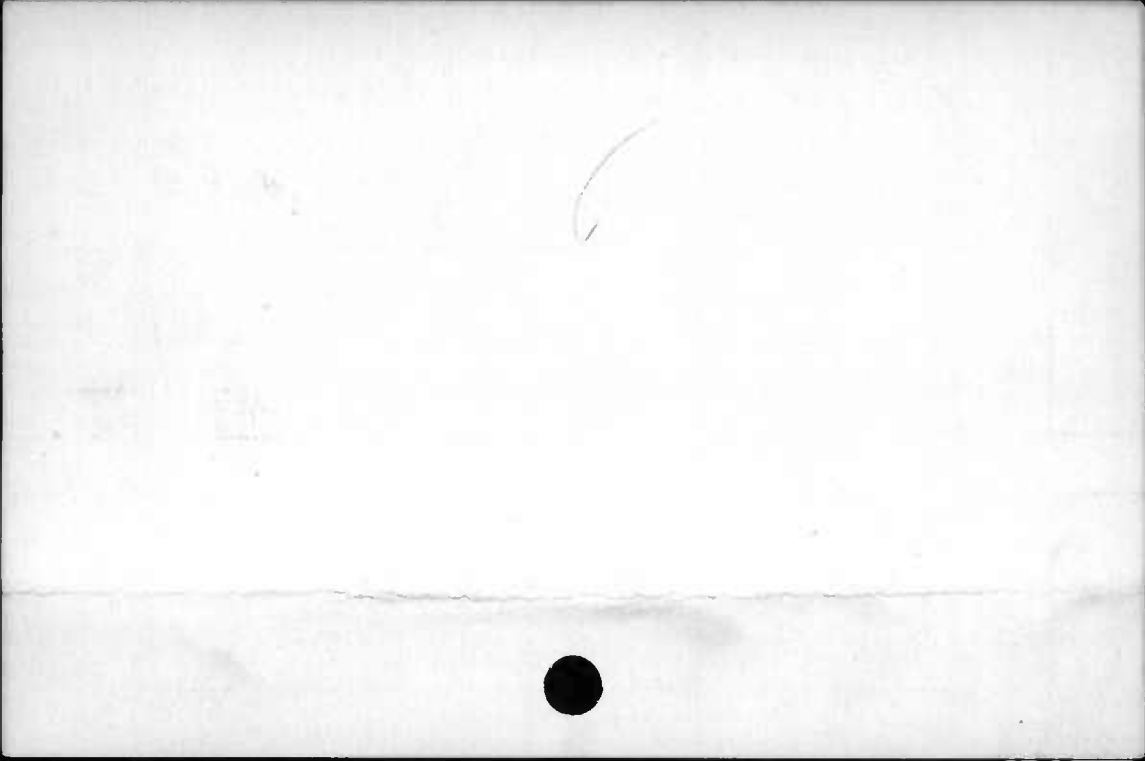
Signature of Physician J. B. Horton M.D.

Address So Balto Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Sarah Elizabeth Steward

CERTIFICATE OF DEATH

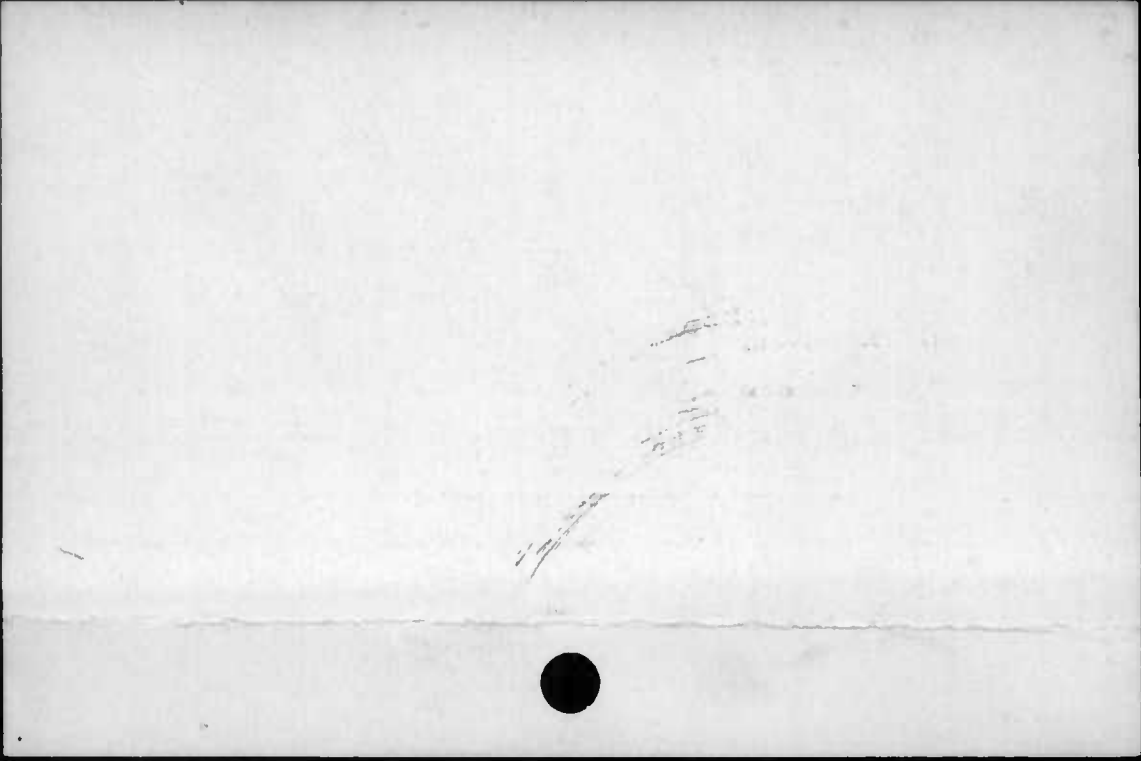
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Armiger P.O.</i>		County <i>A.A. Co</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec.</i>	Day <i>16.</i>	Years <i>24</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>A.A. Co. Md</i>	
Occupation <i>Housework</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles Steward</i>			Father's Birthplace <i>A.A. Co - Md</i>		
Mother's Maiden Name <i>Adelaine Hall</i>			Mother's Birthplace <i>A.A. Co. Md</i>		
Name of person giving information <i>Columbus Kerr</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of lungs</i>	How long <i>About 14 mos.</i>
Immediate <i>General Exhaustion</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Billingslee M.D.</i>
	Address <i>Armiger.</i>
	<i>Md.</i>
Accident or Suicide?	



Name
in
Full

William Vinton Stinchcomb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Annapolis.		^{County} A. A.		MARYLAND	
Date of death	1906	Month	Dec.	Day	30
Age		Years	77.	Months	1.
Sex	Male	Color or Race	White	Birth-place	A. A. Co
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Aletha Stallings		
Father's Name	William Stinchcomb		Father's Birthplace	A. A. Co	
Mother's Maiden Name	Sarah Moss		Mother's Birthplace	A. A. Co	
Name of person giving information	Bertie Stinchcomb		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infirmities of Age	How long	8 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. M. Welch	
Address		Annapolis	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

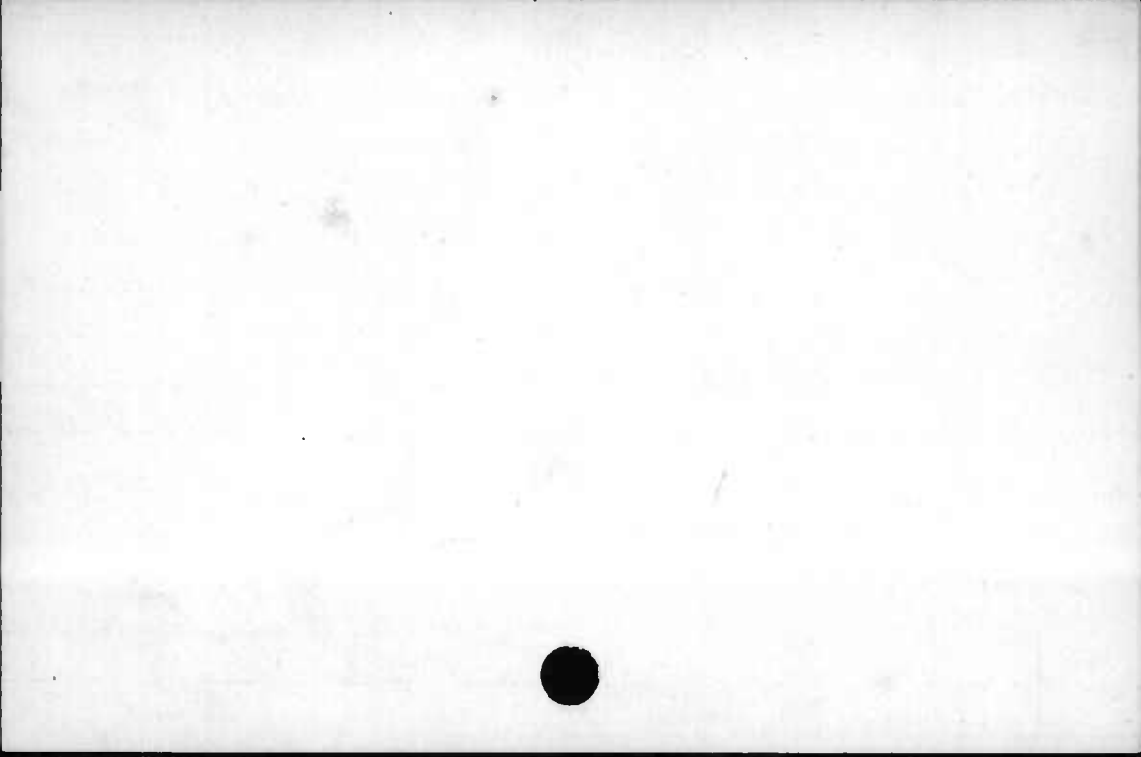
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis Md</i>		Town <i>Burlingame</i>		County <i>St. Mary</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>14</i>	Years <i>4</i>	Months <i>10</i>	Days <i>—</i>		
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birthplace <i>Annapolis</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>32 Washington St.</i>				
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William Symon</i>				Father's Birthplace <i>B. Mack</i>			
Mother's Maiden Name <i>Georgia Scott</i>				Mother's Birthplace <i>S. River</i>			
Name of person giving information <i>William Symon</i>				How related to decedent <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>14 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>3 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>P. P. Rippey</i>	
		Address <i>60 Cathedral</i>	
		<i>Annapolis, Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

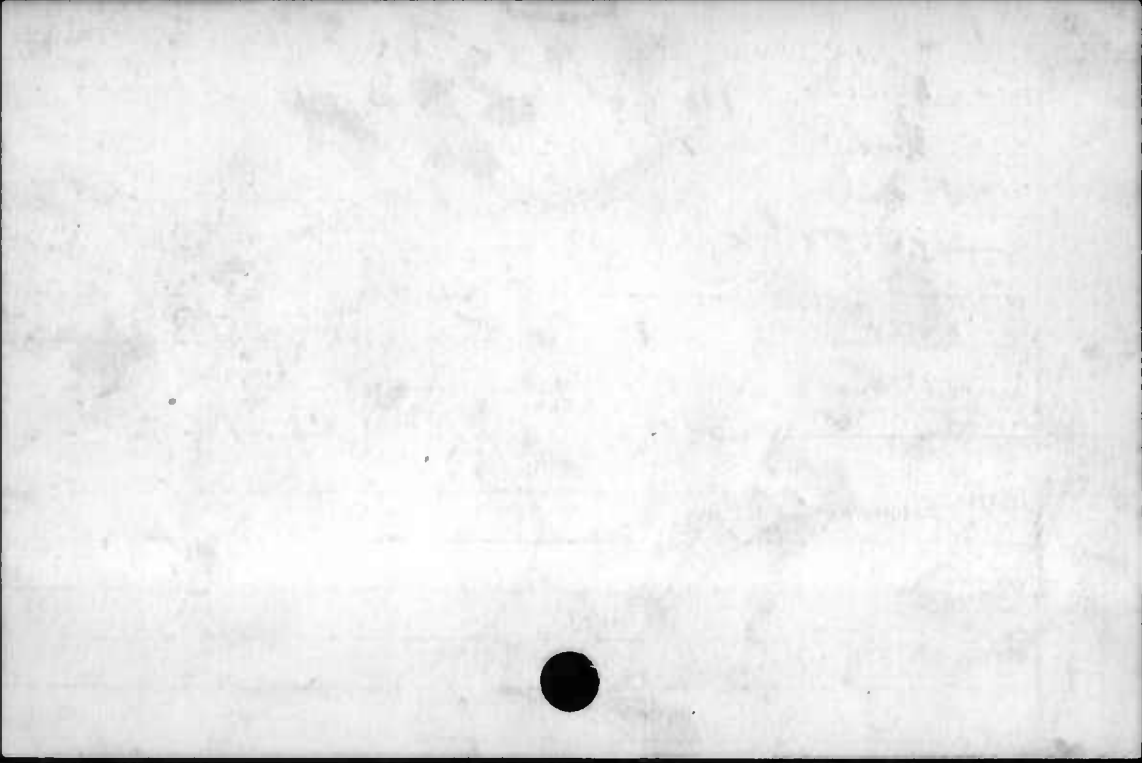
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>		Month <i>Dec</i>	Day <i>16</i>	Age <i>49</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>West River</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>93 Calver St.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Taylor</i>					
Father's Name <i>Edward Taylor</i>		Father's Birthplace <i>D.C.</i>					
Mother's Maiden Name <i>Sarah Miller</i>		Mother's Birthplace <i>Calvert Co</i>					
Name of person giving information <i>Elizabeth Taylor</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pleuro Pneumonia</i>	How long	<i>Four days</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>John R. Doughty</i>	
		Address	
		<i>Annapolis</i>	
Accident or Suicide?			



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis Md</i>		Town <i>Annapolis</i>		County <i>Pr. Co</i>		MARYLAND	
Date of death	1906	Month	Dec	Day	29	Age	—
Sex	male		Color or Race	colored		Birth-place	Annapolis
Occupation	—		Where Residing if not at place of death				163 Brine Allen
Married, Single or Widowed	single		Name of Wife or Husband		—		
Father's Name	John Waters				Father's Birthplace	Easton shore	
Mother's Maiden Name	Julia Johnson				Mother's Birthplace	Southwicks	
Name of person giving information	John Waters				How related to deceased	father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dentition</i>		How long	<i>61</i>	How long	<i>Four days</i>
Immediate	<i>Meningitis</i>					
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	John Ridout M.D.		
			Address	Annapolis Md		
Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

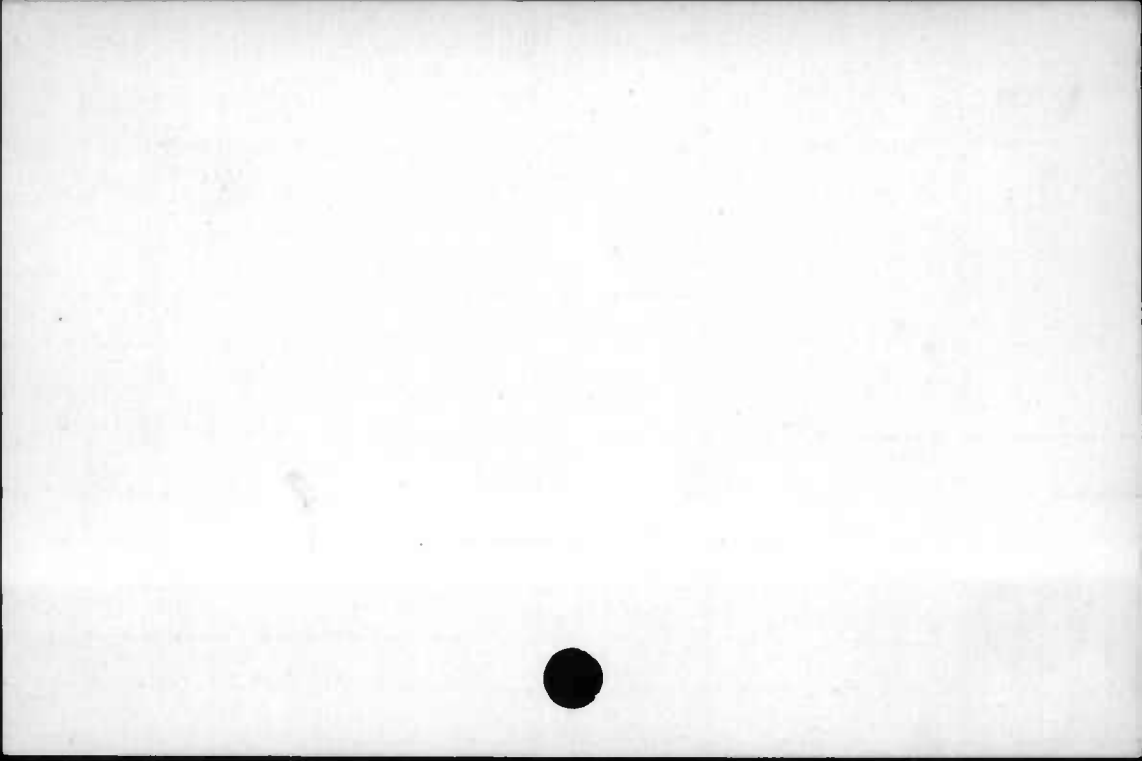
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>2 District</i> Town		<i>Wells</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>30</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>D.C.A.</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Perceable B Wells</i>			Father's Birthplace <i>D.C.A.</i>		
Mother's Maiden Name <i>Edith J. Bennett</i>			Mother's Birthplace <i>D.C.A.</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>S. S. Hyslop</i>	
	Address <i>Annapolis</i>	
	<i>Ind..</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

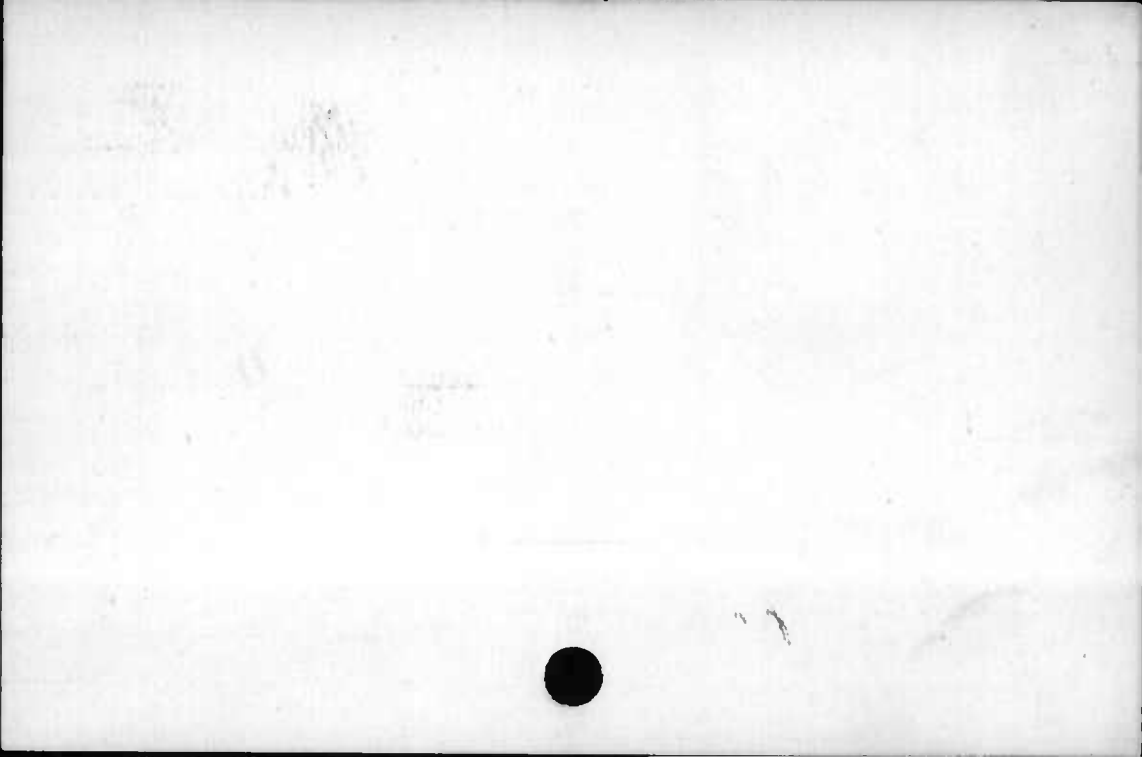
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Hester Ann Woolfords</i>				County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at <i>East Port</i>		Town <i>East Port</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>14</i>	Age <i>90</i>	Years <i>90</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Lucas Arms Co</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm G. Woolfords</i>					
Father's Name <i>William H. Woolfords</i>		Father's Birthplace <i>Madison Co, Md.</i>		Mother's Birthplace <i>Rose Hill, Md.</i>			
Mother's Maiden Name <i>Elizabeth A. Woolfords</i>		Mother's Birthplace <i>Dochester Co, Md.</i>		How related to deceased <i>Daughter</i>			
Name of person giving information <i>John Woolfords</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	(93)	How long <i>5 days</i>
Immediate <i>Exhaustion</i>		How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm J. Welch</i>	Address <i>Annapolis</i>
Accident or Suicide? <i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Mary Louisa Wright* Town *Arnold* County *Atterley*

Died at *Arnold*

Date of death *1906* Month *Dec* Day *26* Age *52* Years *10* Months *X* Days

Sex *Female* Color or Race *Colored* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death *Arnold*

Married, Single or Widowed *Married* Name of Wife or Husband *Perry Wright*

Father's Name *Isaac Pullen* Father's Birthplace *Ind*

Mother's Maiden Name *Huntzman* Mother's Birthplace *Ind*

Name of person giving information *Perry H. Wright* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute indigestion* How long *6 hours*

Immediate *cardiac arrest* How long *X*

Are the name, age, sex, color, date and place correctly given above?

Yes

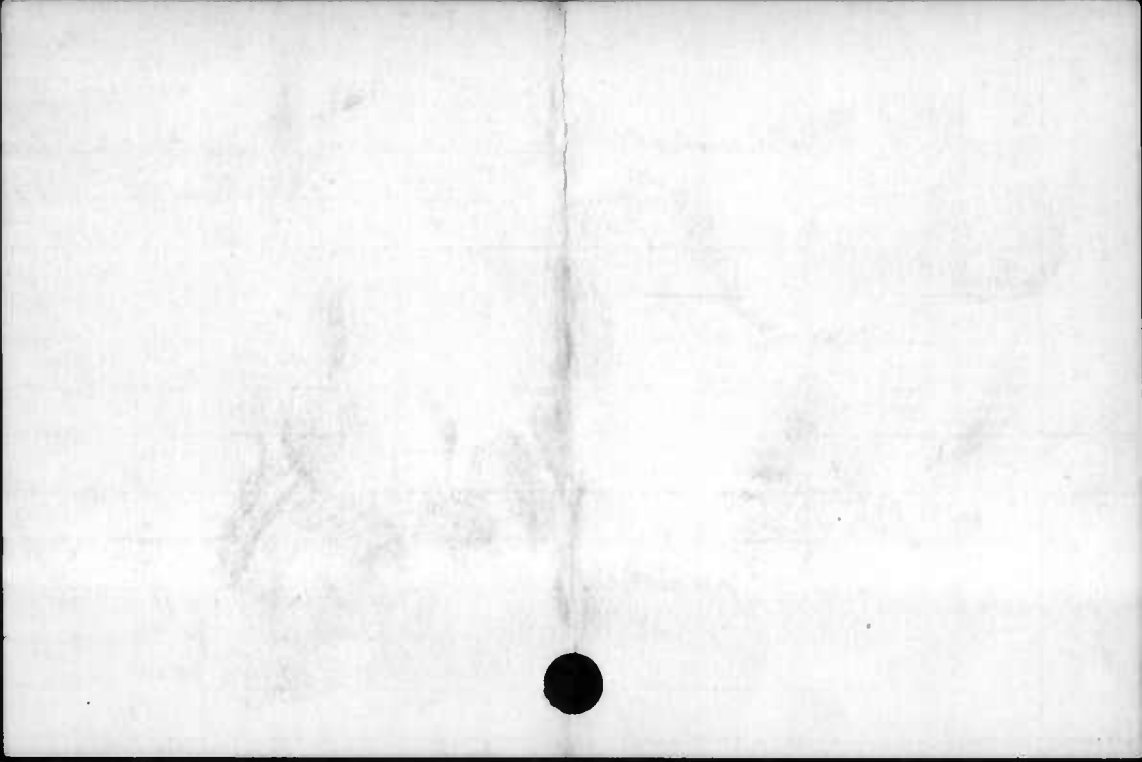
Signature of Physician

Address

Chas O. Bickel

Robinson

Accident or Suicide?



Name
in
Full

unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at A. A. Co Town County

Date of death 1906 Dec 25 Thurs Age About 45 Years Months Days

Sex Male Color or Race White Birth-place Unknown

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information _____ How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Drowning How long 172

Immediate Ingrit How long _____

Are the name, age, sex, color, date and place correctly given above? 2

Signature of Physician

Address

J. J. Murphy
at the place

Accident or Suicide? _____

